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Role of Acculturation and Enculturation on Chinese Adults' Perception of Child Psychological Assessment Models

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ROLE OF ACCULTURATION AND ENCULTURATION ON CHINESE ADULTS' PERCEPTION OF CHILD PSYCHOLOGICAL ASSESSMENT MODELS

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The Therapeutic Assessment model of child assessment (TA-C) aims to provide psychological benefits and facilitate positive changes in the children and their family. However, research on TA-C has focused almost exclusively on the experience of clients from mainstream American culture. This study investigated the cultural applicability of the TA-C model with Chinese adults residing in the United States. A convenience sample of 74 Chinese adults, ages 25-40, was recruited. Two sets of vignettes were written to simulate the experiences of each step of the TA-C and information gathering (IG) model of assessment. Each participant was randomly assigned to either the TA-C or the IG group, and completed the Perceived Experiences of Assessment Scale and My Feelings after reading each phase of the assessment (introductory, testing, child feedback, parent feedback, and overall experience) in their vignette. In addition, each participant completed the European American Values Scale of Asian Americans–Revised and the Asian American Values Scale- Multidimensional, designed to measure of acculturation and enculturation respectively.

Findings indicated that after taking acculturation and enculturation into account, Chinese participants had a more positive experience with the TA-C model than the IG model. Additional analyses found that the level of acculturation and enculturation had no significant impact on how participants in the TA-C group experienced the case through their vignette, supporting the robust nature of TA-C. However, participants in the IG group did experience an impact of both acculturation and enculturation on how they experienced the case through their vignette, supporting less applicability of the IG model when high enculturation is present. In addition, the experience of being emotionally stirred up in the TA-C condition was examined and discussed, suggesting further that the TA-C model both evokes and supports emotional disequilibrium that then facilitates a positive experience by the end of the TA-C. In conclusion, this study offered promising preliminary support for TA-C as a culturally appropriate child assessment model for Chinese families in the United States and provided a more nuanced understanding about the use of the IG model with those who are highly enculturated.

Table of Contents

List of Tables

List of Figures

Chapter One: Introduction

Collaborative and therapeutic approaches to assessment (e.g. Finn & Tonsager, 1997; Fischer, 1970) have been developed over the past several decades to address the limitations of the standard information-gathering (IG) model of psychological assessment. Therapeutic Assessment (TA) holds that psychological assessment can produce benefits beyond collecting information to inform intervention and treatment and making diagnoses. It emphasizes the opportunity to blend psychological assessment with brief psychotherapy to promote positive changes in the client – and, in the case of children, their family system. This occurs by involving the client/family throughout the assessment process, and by establishing a meaningful and collaborative relationship between assessor and client/family (Finn, 2007). Clients are encouraged to engage collaboratively with assessors throughout the assessment process. They guide the focus of assessment through co-constructing the assessment questions and providing input on the interpretation of test results. The assessors also support clients in their understanding and integration of the assessment findings, and in generating new and meaningful ideas about problems in living (Finn, 2007).

TA has been developed to make psychological assessment a positive and meaningful experience for clients, and has been shown to be psychologically beneficial to clients. Research on TA has shown it to have many positive outcomes for clients. Adult and adolescent clients have been found to reduce symptomatology, possess greater self-knowledge, and an increased sense of self-efficacy and self-esteem (e.g. Finn & Tonsager, 1992; Smith, Handler, & Nash, 2010; Austin, Krumholz & Tharinger, 2012), as well stronger therapeutic alliance and engagement in later psychotherapy, after the assessment has been completed (Ackerman, Hilsenroth, Baity & Blagys, 2000). Positive outcomes, including higher treatment acceptability, significantly decreased child symptomatology, and enhanced family functioning have also been

reported using TA with children and their families (e.g. Hamilton et al., 2009; Smith & Handler, 2006; Tharinger, et al., 2009).

Although there is increasing awareness looking into the cultural applicability of TA (Rosenberg, Almeida, & MacDonald, 2012; Guerrero, Lipkind, & Rosenberg, 2011), research on TA has focused almost exclusively on the experiences of clients from mainstream American culture. It is important to further investigate if and how the positive impact of TA applies to clients of different cultures. Studies suggest that ethnicity and culture greatly influence individuals' perceptions of mental health, and experiences and attitudes toward using psychological services (e.g., Sue & Sue, 1987; Yeh, Eastman, & Cheung, 1994).

For instance, Asian Americans have been found to demonstrate a psychological services utilization rate significantly lower than what would be expected given the proportion of the population that they represent (Bui & Takeuchi, 1992; Sue, Sue, Sue, Takeuchi, & Zane, 1991). One of the possible reasons proposed for this underutilization has been that there are limited culturally appropriate psychological services for Chinese American adults. Thus, Chinese Americans can be viewed as an underserved population. It may be that TA has unique appeal to Chinese individuals ("Chinese" in this document refers to Chinese individuals residing in the United States, regardless of their citizenship) in term of its holistic contextual emphasis and strong therapeutic relationship. However, no prior research has examined the role of culture on the perception of psychological assessment among Chinese individuals. Therefore, it is important to investigate how Chinese individuals perceive assessment as applied to their children and to determine the relative appeal of the TA-C model versus the traditional IG model of assessment.

In general, Chinese culture considers the family as the basic unit of society (Yang, 1995). The importance of family in Chinese culture suggests that it is important to understand clients in their family context. In addition, many individuals from a traditional Chinese cultural background view the display of emotion or psychological concern as a significant weakness and

feel that this would bring shame to one's family (Sue & Sue, 2008). It has also been found that Chinese people expect the mental health professional to play the role of a teacher or expert (Ma, 2000), rather than a collaborator. These characteristics of Chinese cultural values are likely to impact the attitude toward and experience of psychological assessment among Chinese individuals.

The TA model of child assessment (TA-C) values collaboration among assessor, child, and parents, as well as other significant family members. In some ways, the TA-C model seems to be a potentially appealing model of child assessment for Chinese individuals families, given that it goes beyond individual assessment and addresses Chinese individuals clients' concerns in a familial context. However, collaboration with professionals and authority figures, and family disclosure remain foreign concepts in Chinese culture due to the traditional Chinese cultural values of authoritarian orientation and emotional control. These different pulls create a dilemma of how TA-C model might be embraced by Chinese individuals, as it fits with some but not other traditional Chinese values.

Acculturation status is one important indicator of the degree to which children and their families adhere to more traditional Chinese value systems, or adhere to more Western value systems (Leong, Levy, Gee, & Johnson, 2007). Specifically, acculturation is the process of adapting to the mainstream culture. In contrast, enculturation is the process of maintaining adherence to the heritage culture. Previous research has examined the role of acculturation and enculturation in affecting openness to seeking professional psychological help among Chinese individuals. For example, one study has suggested that less acculturated individuals will hold more negative help-seeing attitudes, and that the degree of acculturation may influence one's attitudes towards mental health help-seeking (Tata & Leong, 1994). Kim and Omizo (2003) suggested that enculturation was negatively related to both attitudes toward seeking psychological help and willingness to see a counselor.

Although much has been written about the role of acculturation and enculturation on help-seeking attitudes, how it might influence one's perception of the psychological assessment process has not been studied. Thus, the purpose of this study is to investigate the effects of acculturation and enculturation on Chinese adults' perceptions of each phase of the two child assessment models (IG model versus TA-C). Specifically, the study explored if and how acculturation and enculturation play a role in Chinese adults' perception of child assessment with or without therapeutic components. Due to the very limited body of literature addressing this scope of research, in addition to the three main hypotheses addressing the role of acculturation and enculturation in parental perception of child assessment models, there was one exploratory hypothesis to help inform the parental perception of each phase of the assessment models.

Knowing more about the role acculturation and enculturation play in Chinese individuals' perception of child assessment models would allow mental health professionals to make more informed choices about how to utilize the two assessment models to create the best fit for Chinese families according to their level of acculturation and enculturation, in order to ensure positive experiences during the assessment process.

Chapter Two: Literature Review

Overview

The study was an examination of the role of acculturation and enculturation on Chinese adults' perception of and satisfaction with two distinct models of psychological assessment of children, namely the Therapeutic Assessment model and the Information Gathering (IG) model. This chapter will review the general literature on child psychological assessment, as well as collaborative and therapeutic approaches to assessment. The phases of the assessment process will be discussed, contrasting the Therapeutic Assessment and the IG model at each phase. The literature regarding parental satisfaction of the child assessment models will then be discussed. Next, traditional Chinese cultural values and their implications for openness to a Western view of mental health and related psychological services will be examined. Finally, the constructs of acculturation and enculturation and their impact on attitudes and behaviors toward mental health and psychological services will be reviewed.

Psychological Assessment of Children

Psychological assessment of children is commonly used to address cognitive/intellectual, academic, behavioral, social, and/or emotional concerns, as well as to provide diagnostic formulations and recommendations for educational and/or psychological interventions. A comprehensive psychological assessment of a child typically includes interviewing the child, parents, and often teachers; reviewing records and relevant information; testing the child, aggregating and integrating information; preparing the report; and providing feedback to the parents and the referral source, if applicable (Smith & Handler, 2006). Providing feedback to

children is not common practice (although it is more likely with adolescents), but can be considered best practice.

The clinical practice of assessment with children is different from that with adolescents and adults. There are unique challenges in the assessment of children (Smith & Handler, 2007). Children rarely understand the purpose and intent behind an assessment, and can be confused about why they are being assessed. In addition, children are less able to comprehend and verbalize their feelings and experiences than adolescents and adults, and thus may not respond well to traditional interview techniques and tests. It is therefore very important to involve and engage parents, and other relevant members of the child's family, who know the child well, into the assessment process (Johnston & Murray, 2003). Furthermore, it can also be a significant challenge to deliver feedback to children in a way that is accessible and meaningful to them. Thus, choosing appropriate methods and testing activities is crucial in working with children and their families to ensure a positive experience and maximize benefits from the assessment.

Information Gathering Model of Assessment

The practice of psychological assessment has been grounded in the natural science perspective of the mental health professions (Fischer, 1970, 1972). It emphasizes the use of techniques and protocols by expert assessors to collect "accurate" data (Finn & Tonsager, 1997) from the client being assessed. Traditionally, the goal of assessment has been to describe and diagnose individuals accurately in order to facilitate communication between professionals and to make decisions about clients, typically about intervention or treatment. Finn and Tonsager (1997) have called this the "information gathering" (IG) model of assessment. In order to collect "accurate" data, the objectivity of the testing must be strictly maintained. Within the IG model,

the assessor follows the standardized testing procedures and protocols, interprets norm-based data, and derives a valid conceptualization of the client. Throughout this process, the assessor completes the assessment with limited collaboration with the client. Feedback is relatively test-oriented and "unilaterally presented" (Fischer & Finn, 2008). The assessment report is typically written test-by-test, describing different constructs in conceptual terms that may not make sense to individuals other than psychological professionals. In summary, the focus of the IG model of assessment is on the test scores and the decisions to be made based on the scores in order to ameliorate the referral problems. The role of the assessor is to be an objective expert who should have minimal influence on the data collected, in order to ensure its accuracy.

Fischer's Model of Collaborative Assessment

Over the last several decades, psychologists have started shifting the psychological assessment model from a traditional natural science perspective to a human science paradigm, thus promoting a more collaborative and individualized approach to assessment (Fischer, 1970; 1972). This collaborative approach highlights the collaboration between the assessor and client to construct meaningful understanding during the assessment process. In this approach, the clients' life experiences are considered as the primary data (Fischer, 2000). In other word, clients and their families themselves are the experts on their life experiences, while the assessors are experts on psychology and the assessment tools. Thus, the assessor and the client must collaborate to make sense of the client's life and challenges, and to develop an individualized intervention plan that fits well for the client. In this model, the value of testing is not necessarily to examine test scores with appropriate norms; instead, testing is a tool to be used with clients in order to explore their life and challenges. The assessment report, often in the form of a letter, is

individualized and is written in accessible language. In summary, the focus of collaborative assessment is on the collaborative process and on helping clients to better understand their life and challenges in their own context. The role of the assessor is to be a facilitator who promotes clients' engagement throughout the assessment process.

Finn's Model of Therapeutic Assessment

According to Finn (2007), collaborative assessment can be either loosely structured or semi-structured. Therapeutic Assessment (TA) is the semi-structured collaborative assessment approach developed by Finn and colleagues (Finn, 2007; Finn & Tonsager, 1997). It is based on the belief that the goal of psychological assessment goes beyond making accurate diagnostic classifications of clients for decision making purposes; it also strives for therapeutic change (Finn & Kamphuis, 2006). In contrast with the IG model, clients are regarded as collaborators whose input is valued throughout the assessment process. Assessors are viewed as "participant-observers" who actively shape the assessment process to provide a safe environment and opportunities for the client to explore his or her own life and experience positive change (Finn & Kamphuis, 2006; Finn & Tonsager, 1997). In this model, clients are encouraged to engage collaboratively with assessors throughout the assessment process. They guide the focus of assessment by co-constructing the assessment questions and providing input on the interpretation of test results. Clients also are supported in their understanding and integration of the assessment findings, and in generating new and meaningful ideas about their problems in living (Finn, 2007).

Different from Fischer's collaborative assessment, TA's ultimate emphasis is on providing intervention through the assessment process by leaving the client with therapeutic

changes at the end of an assessment (Tharinger, Krumholz, Austin, & Matson, 2010). Specifically, clients are supported in reconstructing a "new" story by connecting assessment findings with their own life in a meaningful and concrete way. This is achieved by ongoing productive dialogues between the client and assessor and by providing hands-on experiences to try out possible steps to ameliorate the client's life challenges.

Research on Therapeutic Assessment

Although TA is a relatively new model of psychological assessment, there is a growing body of literature showing that TA is an effective hybrid of psychological assessment and brief intervention. Clinical reports and single case studies have suggested the efficacy of Therapeutic Assessment with adults and adolescents (e.g. Finn & Tonsager, 1992; Smith, Handler, & Nash, 2010; Austin, Krumholz & Tharinger, 2012). Further, a study has compared traditional and therapeutic assessment among adults (Ackerman, Hilsenroth, Baity & Blagys, 2000). Findings indicated that adults who received a therapeutic assessment experienced a stronger alliance with their assessors and were also less likely to drop out of treatment against medical advice than those who received a traditional assessment. In addition to studies assessing the efficacy of TA with adults and adolescents, there are also findings suggesting the efficacy of TA with children and their families (referred to as TA-C). In particular, a study was conducted to examine the efficacy of TA-C with 14 children and their parents in a university clinic setting. It found that both children and their mothers reported positive outcomes, including higher treatment acceptability, decreased child and parent symptomatology, and better family functioning after participating in the TA-C (e.g. Tharinger, et al., 2009) . Furthermore, mothers reported a significant increase in positive emotions and a significant decrease in negative emotions toward

their child's challenges and future. And the model produces continual benefits beyond the formal assessment itself (Smith, Wolf, Handler, & Nash, 2009).

In addition, different techniques used in TA-C have also been investigated for their potential positive impact on both the children being assessed and the systems in which they are embedded. For instance, the collaborative approach to translating assessment findings through the parent feedback session, providing an individualized fable to the child, and constructing a parent feedback letter organized around the parents' assessment questions was found to be promising for providing an assessment process that is more engaging and authentic (Tharinger, Finn, Hersh et. al, 2008). Providing meaningful feedback has also been found to increase the likelihood of families following through with the recommendations provided from the assessment (Tharinger et al.). This systemic approach allows interpersonal and familial influence to be addressed in the process of assessment.

Recently, there has been a growing body of research using single case time-series design to examine clients' trajectory of change over the course of TA (e.g. Smith, Handler, & Nash, 2010; Smith, Nicholas, Handler, & Nash, 2011; Smith, Wolf, Handler, & Nash, 2009). The study from Smith, Wolf, Handler, and Nash (2009) showed that clients, as reported by their parents, showed improvement of family functioning and fewer symptoms after participating in the TA-C. In addition, the changes occurred during the early phases of TA. In another study, Smith, Nicholas, Handles and Nash (2011) conducted a single case experiment that showed that the family intervention session in the TA seemed pivotal in affecting change. The results of these studies suggest that the timing and trajectory of clinical improvement varies case by case.

Furthermore, there is emerging literature examining the cultural consideration in applying TA model to multicultural clients. Guerrero, Lipkind, and Rosenberg (2011) discussed an adolescent case to illustrate the impact of race, class, and privilege in the TA assessment process and the significance of self-reflection as a Caucasian mental health professional to minimize the impact of their identity to the underprivileged, multicultural population. Rosenberg, Almeida, and MacDonald (2012) also described two adolescent case studies to underscore the challenges in working with clients of different cultures in the TA assessment process, and highlight the power of strong assessor-client relationship in overcoming the cultural mistrust.

Therapeutic Assessment with Children (TA-C)

The TA-C model is guided by the same underlying principles as the general TA model, but the clinical protocol has been modified to work with children and their families. The goal of the TA-C is "to help parents understand their child in new ways, become more empathic towards their child, and shift their interaction with their child to foster positive development in the child and the family" (Tharinger et al., 2010). In addition, TA-C is designed to provide a respectful, inclusive, compassionate, and meaningful experience for the child.

The assessment process in TA-C. In the TA-C model, there are six major steps of the therapeutic assessment process (Tharinger et al., 2010). In brief, the six steps include: 1) the assessment question gathering phase, where the assessor helps the parents and the child to formulate their own assessment questions of interest; 2) the standardized testing phase, where the child is tested while the parents are invited to observe and discuss the on-going testing session with the assessor; 3) the family intervention phase, in which the child and the parents are guided to engage in family activities that aim to test out the family's typical and new ways of interacting

with each other; 4) the summary/discussion phase, in which the assessor meets with the parents to share and discuss the assessment findings collaboratively to ensure the "fit" of the interpretation of the results, and then the child is presented with verbal and written feedback (often in a story form), with the parents present; 5) the written communication phase, where individualized written feedback is presented to the parents; and 6) the follow-up phase, in which the child and the parents return after one to three months to discuss the progress. Below, the assessment process of TA-C is described in more detail and contrasted with the IG model of child assessment.

The Assessment Process: Comparing the TA-C Model with the IG Model of Child Assessment

The introductory phase of the TA-C model: Gathering assessment questions. The TA-C begins by inviting parents to co-construct individualized assessment questions of interest and collecting relevant background information in the context of each assessment questions raised. The assessor actively helps the parents to understand the purpose of gathering assessment questions and also facilitates the translation of their concerns into assessment questions to be answered. These assessment questions serve to create a clear expectation of the focus of the assessment for both the parents and assessor. Many parents feel better when they put their life challenges into words, and thus feel less anxious knowing that those problems will be addressed (Finn, 2007). Constructing assessment questions also has been found to promote the curiosity and engagement of the parents throughout the process, as they have helped to set the agenda. The assessment questions also guide the assessor in his or her choice of tests and activities, as they are chosen for their potential to help address the assessment questions. This is in contrast to the

IG model, where a standard battery typically is used. Thus, assessment questions serve to enhance the value of assessment and provide a more individualized and useful product for the client (Brenner, 2003).

In TA-C, parents are coached by the assessor to prepare their child for engaging in the assessment. They are asked to share one or two of their own assessment questions with the child. The child is also encouraged to generate his or her own assessment questions at any time during the assessment. An additional session is usually scheduled to gather more background information and family history individually with the parents.

The introductory phase of the IG model: Gathering background information. In the IG model of assessment, a clinical parent interview is conducted to obtain necessary background information, for example development history, medical history, current challenges and functioning, family system functioning and extra-familial system functioning (Winters & Pumariega, 2007). The focus of assessment is typically the referral concerns from the referring sources. Common referral concerns include academic and/or behavioral functioning from schools or teachers, emotional concerns from parents, and so forth. The referral concern is usually vague and broad. Unlike in TA-C, parents are less involved in the assessment process. For example, they usually stay in the waiting room while the child is being testing and have less interaction with the assessor. Further, there is no gathering of assessment questions from the parents or the child in the IG model of assessment.

The testing phase of the TA-C model: Parents observing testing sessions. During testing sessions in the TA-C model, there are several ways that parents can actively participate. The most comprehensive involves a second assessor or clinician who accompanies the parent

while they observe from an observation room behind a one-way mirror or from an adjacent room with a live video feed or from reviewing tape of recorded testing sessions. A less intensive and likely more practical version involves the parents observing by themselves behind the one-way mirror in an observation room or from an adjacent room with a live video feed. In this scenario the sole assessor checks in with the parents at the end of each testing session to answer questions and to talk with the parents about their reaction to the child's performance. In both versions, the child is aware that his or her parents is observing. A third scenario involves parents observing quietly in a corner of the testing room with check-ins with the assessor occurring at the end of sessions. In all three versions, during the observation or at the end of the session, the assessor invites parents to discuss their reactions to the way they perceive their child. The assessor also responds to the parents' questions. As there are usually multiple testing sessions, the discussions with the parents allow for a weaving together of what is being learned across sessions. The observation and discussion process not only helps parents to understand the information their child is providing through the tests, but also helps the parents to discover answers to their assessment questions on their own. In addition, the discussions with the parents potentially inform the assessor about parental readiness for change and level of feedback (Finn & Tonsager, 1997; Tharinger, Finn, Wilkinson, & Schaber, 2007).

The testing phase of the IG model: Standardized testing sessions. In the IG model of assessment, a standardized test battery is generally used to collect data to address particular referral concern(s) from the referring party and also to inform decisions to be made after the assessment in relation to intervention or treatment. During the testing sessions, parents are asked to wait in a waiting room, while the child works with assessor individually. The assessor

typically has little contact with the parents during the testing phase. Although assessor typically checks in with parents at the end of a testing session to relate progress made and plans for the next session, at the same time, the assessor generally maintains a pleasant but somewhat distant relationship with the child in order to uphold a standardized environment for stability, reliability and validity of the test results (Finn & Tonsager, 1997).

The family intervention session of the TA-C model. In the TA-C model, a family intervention session is usually planned and included upon the completion of the testing sessions. The family session is carefully planned to allow the assessor to better understand the child and test results in a family context, actively test out theories about family influences on the child's behaviors, try out possible intervention options and provide the family a positive experience of being together (Tharinger, Finn, Austin, et al., 2008). In a family intervention session, the child and his or her parents are invited to work together to achieve a task in a supportive environment guided by the assessor. Semi-structured play, playing a game, family drawing, and consensus TAT are some of the many methods used in family sessions. It is important to note that many assessors do not yet include this component in their practice or research studies.

The IG model: no comparable session. In IG model, there is no comparable session to the family intervention session in the TA-C model. Parent feedback is typically followed by the testing phase of the model.

The feedback phase of the TA-C model: Parent feedback. In the summary and discussion session (the term used instead of feedback) of TA-C, each of the parents' assessment questions posed at the beginning of the assessment is addressed. The assessor begins the feedback with findings that are most congruent with or verify parents' typical perception of their

child and family (Level 1 findings), followed by findings that modify or amplify parents' existing ways of thinking about their child and family (Level 2 findings). Finally, the findings that conflict with the parents' typical understanding of their child and family are presented (Level 3 findings; Tharinger, Finn, Hersh, et al., 2008). During this process, the assessor pays close attention to asking the parents to provide input, getting their sense of the "fit" of the findings, and changing their existing "stories" about their child and family (Finn, 2007). This is achieved by engaging the parents and actively asking them to agree, disagree, modify and/or giving real-world examples of interpretations of the assessment findings. Parents' input is highly encouraged and valued in order to achieve a close fit between the assessment findings and parents' own experiences of their child and family. Recommendations are also introduced in the process of giving feedback and answering parents' assessment questions.

In addition to oral feedback, some form of written feedback is also presented to the parents, usually mailed to the parents a week or two after oral feedback. In the TA-C model, a tailored letter using first person and everyday language is usually written to summarize the assessment findings for the parents. The findings are organized by assessment questions and presented in the same order as during the oral feedback session. This letter helps to provide for a lasting record for future reference. A more technical report may also be prepared if necessary (e.g., a school may need documentation of findings in a more traditional report form).

The feedback phase of the IG model: Parent feedback. In the IG model of assessment, oral feedback to parents typically is organized by the constructs that were tested. The assessment findings are typically unilaterally presented (Fischer & Finn, 2008) and it is the first time the parents have been provided with findings. Unlike the TA-C model, the assessor rarely

discusses the results with the parents during the testing process; rather, the assessor provides a summary of the testing results in the feedback session. During the feedback process, the assessor is usually viewed as the expert on the assessment findings and parental input is not expected. Written feedback is usually directed to the referring professional in the form of a technical report for decision making and intervention and treatment planning purposes.

The feedback phase of the TA-C model: Child feedback. Historically, assessment findings have not been shared with the child, with the belief that these findings are too complex to understand or even threatening to the child (Brenner, 2003). In the TA-C, however, it is believed that child feedback is essential to facilitate therapeutic change for the child. Since it is overwhelming for the child to take in and process assessment finding that are presented in a direct manner, it has become common for the therapeutic assessor to deliver feedback to a child by using an individualized and metaphorical fable that is tailored to the emotional readiness of the child. Using fables can assist children to reconstruct new "stories" about themselves and their families, as well as to help them feel understood and validated (Tharinger, Finn, Wilkinson, et al., 2008). Parents are invited to be with the child during the child feedback session. The child is invited to choose who will read the fable. After the fable has been read, the child is invited to revise the fable if he or she wants to. The fable is given to the child as a form of written feedback; as such, the child can read it as many times as he or she wishes, and this helps internalize the new "story".

The feedback phase of the IG model: Child feedback. Traditionally in the IG model of assessment, feedback is not viewed as necessary for child because it is "too complex and threatening" to understand and comprehend (Tharinger, Finn, Hersh et. al, 2008). Feedback is

therefore minimized or even not given to children. If feedback is given to the child, the assessor usually presents the assessment findings in age-appropriate language and developmental appropriate manner, with minimal child and parent involvement. During the child feedback, parents usually wait in the waiting room, while the child hears feedback from the assessor individually. Written feedback is typically not prepared for the child.

Summary. Research on TA has shown that many positive therapeutic changes result from the assessment itself, and that the TA-C model is a beneficial and efficacious child and family psychological assessment and intervention. However, these findings have not been documented in a research study that directly contrasts the TA model and the IG model as applied to child assessment. In addition, and key to this study, research on TA and TA-C has focused almost exclusively on the experiences of clients from mainstream American culture. It is important to investigate if and how the positive impact of TA applies to clients and families of different cultures.

Chinese Americans and their Perception of Mental Health and Psychological Services

Utilization of Psychological Services among Asian Americans. Many service utilization studies have been conducted to compare psychological service use among Asian Americans with that of European Americans (e.g., Matsuoka, Breaux, & Ryujin, 1997; Snowden & Cheung, 1990; Virnig, et al., 2004). In general, Asian Americans demonstrate a pattern of psychological service underutilization. Findings consistently show that the use of inpatient and outpatient psychological services among Asian American adults and youths is significantly lower than what might be expected given the population proportion (Bui & Takeuchi, 1992; Sue, Sue, Sue, Takeuchi & Zane, 1991). The underutilization of psychological services appears to indicate

that there is reluctance among Asian Americans to use psychological services. One of the reasons proposed for the underutilization was that there are limited culturally appropriate psychological services for Asian American adults (Yang & WonPat-Borja, 2006).

Asian Americans as a whole are one of the fastest growing ethnic groups in the United States over the past two decades. More specifically, Chinese Americans are the largest Asian American ethnic group, making up 22.8% of the total Asian American population (U.S. Census Bureau, 2010). Despite the fast growing population of Chinese in the United States, there have not been sufficient studies examining the appropriateness of existing psychological services for them, especially for Chinese families. Thus, it is important to investigate how Chinese individuals perceive psychological assessment as applied to their children and to assess the appeal of the TA model versus the traditional IG model of assessment.

Characteristics of the Chinese culture and implications for psychological services. The question of how psychology as a product of individualistic cultures is applied to people from a collectivistic culture has always been a topic in applied psychology. Tseng and Wu (1985) integrated some contributions of psychiatrists and behavioral scientists related to culture and mental health, and summarized the cultural characteristics of Chinese as "emphasis on family and collective responsibility; the parent-child bond, the art of social interaction, the importance of the personal network, the control of emotion, the cultivation of morality, and the value of education and achievement" (Tseng, Lin, & Yeh, 1995, p.9).

The emphasis of family. In Chinese society, the family is "the basic structural and functional unit" (Yang, 1995, p.22). The Chinese place great emphasis on maintaining harmony and cohesion within the family, upholding the reputation of family, and having strong responsibility for and sense of belonging in their family. Chinese also place the welfare of the

family before their own interests (Sue & Sue, 2008). Interdependence is an important family value. Family members are responsible for protecting each other whenever they are in need. In Chinese families, parents put strong emphasis on obedience, are likely to be highly controlling and protective, and expect good academic performance, but are typically less satisfied with their children's achievement (Tan, 2004). This characteristic of the Chinese family also extends and generalizes to other relationships in non-familial organizations.

Since family ties are believed to be more important than any other social relationships, and family loyalty and reputation are of great importance in the Chinese family, Chinese individuals actively monitor themselves to avoid bringing shame to the family or revealing anything private about the family to others. Loss of face occurs when an individual is unable to fulfill his or her familial or social role (Hall, 2007). Manifesting mental health problems and seeking help from a mental health professional are viewed as signs of weakness that can disgrace a family (Kim, Atkinson, & Umemoto, 2001). In addition, disclosure in psychotherapy is also regarded as loss of face to oneself, and even to significant others in the family (Zane & Mak, 2003).

The importance of family in Chinese culture suggests that it is important to understand clients in their family context. Research has suggested the positive impact of using a family systems approach to assessment when working with Asian American clients by including their family in the assessment and treatment process (Kinoshita & Hsu, 2007). In general, TA-C is a model of child assessment that values collaboration between assessor, child, and parents, as well as other significant family members. The TA-C model seems to be a potentially appealing model of child assessment for Chinese families, given that it goes beyond individual assessment and addresses Chinese clients' concerns in a familial context.

Relationship orientation. As in familial relationships, Chinese people also emphasize interpersonal harmony within other social relationships. Relationships are defined based on

social status and roles. The Chinese put much emphasis on categorizing social relationships in two major groups: "one's own friend" and "outsiders" (Yang, 1995). A relationship with "one's own friend" is socially different than that with "outsiders". The type of relationship determines how one will treat or respond to the other person. For instance, an individual is expected to return interpersonal favors and affect in a relationship with "one's own friend", while the individual is more calculating in term of personal gains and losses in a relationship with "outsiders".

In addition to categorizing other people into different groups, Chinese are sensitive to others' comments and criticisms (Yang, 1995). They constantly worry about how others perceive them, and tend to put extra effort into gaining acceptance and appreciation by conforming to others' opinions and behaviors. In other words, they modify their own behaviors and opinions to reduce differences and maintain similarities between themselves and others. Disclosure about negative aspects of self, personality, and intimate relationships are found to be associated with loss of face in Chinese culture (Hall, 2007). It is commonly seen that a Chinese individual's perception of self is mainly based on how others perceive him or her.

Expression of emotion. In Chinese culture, the inability to control emotions is seen as a sign of weakness and immaturity (Rhee, Chang, & Rhee, 2003). Expression of strong emotions, regardless of whether they are positive or negative, is discouraged so as to avoid losing face, especially in public. As the Chinese are generally reluctant to reveal affect to outsiders, deciding to use psychological services become challenging. Chinese families also put much emphasis on maintaining a good social impression on others, and thus prefer an indirect approach to sensitive issues. In the psychological assessment of a child, it might be difficult for the assessor to engage Chinese parents not only in giving information regarding the child's challenges, but also in collaborating with the assessor to provide input throughout the assessment process. Chinese parents tend to feel shame and guilt for their child's problems and any disability, and parents

might lose face or reputation by revealing how their child was brought up and feel shameful about being evaluated on their parenting skills. However, it is important to note that Chinese people are more willing to express themselves emotionally to someone whom they consider to be among their "one's own friends" (Tan, 2004). Thus, it is very important for mental health service providers to establish a "friend-like" personal relationship and strong rapport with Chinese clients in the initial stage of service delivery.

The TA-C model of assessment stresses building trusting relationships with clients early on in the assessment process and providing a supporting environment for the clients to explore their concerns with the assessor. This early establishment of rapport seems likely to be beneficial for Chinese clients in cultivating a mutual trust with the assessor that would make revealing sensitive information relatively easier. However, collaboration with professionals or authority figures is still a foreign concept in Chinese culture because of the traditional Chinese cultural value of authoritarian orientation. These different pulls create a dilemma of how TA-C model might be embraced by Chinese parents, as it fits with some but not other traditional Chinese values.

Authoritarian orientation. Chinese relationships tend to be hierarchical in structure, with older individuals or authority figures having a higher status in society and being considered unchallengeable (Sue & Sue, 2008). Children are expected to defer to adults. They are not expected to challenge or talk back to their parents and teachers (Kim, Atkinson, & Umemoto, 2001). Chinese parents are likely to be more directive and authoritarian. There is a tendency for parents to exclude their child from the decision-making process. It may be considered disrespectful and a challenge to parents' authority for a child to express negative feelings and opinions towards their parents, which is not acceptable in Chinese culture. A study conducted by Rhee, Chang and Rhee (2003) examined openness in communication with parents among Asian and Caucasian American adolescents. The findings suggested that Asian American adolescents

tend to be less expressive and less assertive than do their American counterparts. They also reported greater difficulty in communicating with their parents, especially with their fathers. Another study examined a sample of high school students, and found that second generation Chinese Americans appear to place a higher priority on filial piety and obedience to parents and authority than do their American peers (Feldman & Rosenthal, 1990).

Similarly, in a work setting, the junior is expected to obey the senior. To be respectful in the presence of an authority figure, one is expected to be quiet, polite, and thus not to question the authority. On the other hand, Chinese view authority as trustworthy and dependable. They rely on authorities to provide instruction, and likely follow their instruction without questioning. Given the importance of deference when interacting with authorities in Chinese culture, individuals assume they should let mental health professionals make decisions and provide directive instructions to help with their child. Therefore, they tend to be passive in responding to questions, providing little information and elaboration (Yao, 1988). It is also suggested in the literature that while it is important to build a friendly and close relationships with clients, it is equally crucial for the clinician to maintain expert status, because the Chinese expect professionals to be knowledgeable and authoritative (Tseng, Qiu-Yun & Yin, 1995)

The traditional Chinese qualities of emotional reserve and respect for authority tend to lead to limited collaboration between the clients and the assessor. Although TA-C appears to be an appealing child psychological assessment model for Chinese Americans in term of its holistic contextual emphasis and strong therapeutic relationship, the concept of extensive collaboration promoted in TA-C is still unfamiliar and unexpected to Chinese individuals who strongly attach to traditional Chinese cultural values. It is thus interesting to investigate the role of adherence to traditional Chinese values plays in the acceptability of TA-C model of assessment, and to examine ways to help Chinese individuals to benefit from this potentially appealing model of child assessment.

Theories of Acculturation and Enculturation

The population of Chinese is heterogeneous, consisting of individuals with diverse lengths of residence in the United States and diverse levels of contact with their country of origin. The diversity of Chinese suggests that members of this population have adapted to the dominant culture of the United States and retained the Asian cultural values and practices to very different extents. Acculturation and enculturation are constructs that help to describe the process of acquiring the mainstream culture and retaining the heritage culture, respectively.

Acculturation is a term first described by sociologists and anthropologists. Early conceptions of acculturation focused on changes in cultural patterns of either or both groups after continuous, first-hand intercultural contact between groups of individuals (Redfield, Linton, & Herskovits, 1936). The concept of acculturation was further developed by Gordon (1964), who described the acculturation model as a linear process of change, with individuals moving toward the direction of the mainstream culture. Acculturation was defined as a process of the gradual adaptation to the dominant values and behaviors after an individual of one culture comes into contact with another culture. However, this early model of acculturation was criticized for its simplicity and unilinearity (i.e., adaption to one culture will inevitably detach the individual from the heritage culture) (Zhang & Dixon, 2003).

In response to this scrutiny, Berry and his colleagues later proposed a bilinear model of acculturation, which has replaced the unilinear model (Berry, 1980; Berry & Sam, 1997). The two separate continua in Berry et al.'s bilinear model of acculturation are "contact and participation" and "cultural maintenance". The first continuum represents the extent to which an individual involves one's self in and adapts to the mainstream group; while the second continuum refers to the extent to which an individual maintains the attitudes, values and behaviors of one's heritage culture after first-hand contact with a new culture (Segall, Dasen, Berry, & Poortinga, 1999). In other words, this model asserts the possibility that an individual

could adapt to the mainstream culture and maintain his or her heritage culture simultaneously. The extent to which an individual adheres to the heritage culture is independent of the extent to which an individual adapts to the mainstream culture (Cuellar, Arnold, & Maldonada, 1995).

In the bilinear model, while acculturation is the process of adapting to the mainstream culture, the term enculturation is the process of maintaining adherence to the heritage culture. According to Berry's bilinear model of acculturation, there are four acculturation outcomes for individuals who are exposed to a second culture, depending on the degree of acculturation and enculturation: integration, assimilation, separation, and marginalization (Segall, et al., 1999). Integration results when individuals are both highly acculturated *and* highly enculturated. People with this attitude become 'bicultural' by embracing elements of the dominant culture while retaining the heritage culture. Assimilation refers to the outcome when an individual identifies solely with the dominant culture while losing ties to the heritage culture. Separation, on the other hand, takes place when individuals do not identify themselves with the dominant culture, but solely retain their heritage culture. Finally, marginalization refers to the process in which individuals show no interest in embracing either the dominant or the heritage culture. Of all four outcomes, integration is the most desired acculturation attitude, as it allows individuals to be functional in both the mainstream and heritage cultures, as well as to have resources to resolve conflicts that may arise between the two different cultures (Kim, 2007b).

Acculturation and enculturation are also proposed to take place within two major dimensions, behavior (e.g., language and food) and values (e.g., conformity and emotional control; Kim, Atkinson, & Yang, 1999) Miller (2007) conducted a confirmatory factor analysis on the unilinear and bilinear models of acculturation and found that a bilinear model was better than a unilinear model in explaining the acculturation process. Miller's data also suggested a weak relationship between the degree of values and behaviors among Asian Americans. That is, the degree to which Asian Americans adopt mainstream values is largely independent of the

degree to which Asian American adopt mainstream behavior. Similarly, Asian Americans who no longer use their heritage language or perform heritage practices may still retain their heritage values and beliefs. Szapocznik and his colleagues (1978) provided some evidence that the value acculturation process takes place much more slowly than behavioral acculturation. Therefore, value acculturation measures might be a better indicator to examine the acculturation status than the behavioral acculturation measures.

Research on Acculturation and Enculturation and Perceptions of Psychological Services

There has been a growing body of research studies on the relationship between acculturation/enculturation and perceptions of psychological services among Asian Americans. Attitudes toward seeking psychological services and toward the treatment process are the two major related outcomes that have been investigated.

Help-seeking attitudes. To examine the relationship between acculturation and attitudes toward seeking psychological services, Atkinson and Gim (1989) surveyed 557 Asian American college students. Their findings indicated that individuals who were highly acculturated tended to be more likely to recognize their need for psychological services, more tolerant of the associated stigma and more open to discussing their problems with service providers. Several more recent studies also replicated the findings of Atkinson and Gim. Tata and Leong (1994) and Zhang and Dixon (2003) surveyed 219 Chinese American college students and 170 Asian international students, respectively. Both studies found a positive relation between level of acculturation and attitude toward seeking professional psychological help. In other words, the more acculturated Asian American individuals are, the more positive their attitudes toward seeking psychological services. However, this line of research has also resulted in some mixed findings. Some studies found that acculturation has no relation to help-seeking behaviors and attitudes (Atkinson, Lowe, & Matthews, 1995; Kim, 2007a).

More recently, there is a growing body of research examining the concept of enculturation. Kim and Omizo (2003) examined the relationship of adherence to Asian cultural values (i.e., enculturation), attitudes toward seeking professional psychological services, and willingness to see a counselor among 242 Asian American college students. The results suggested that adherence to Asian cultural values was negatively related to both attitudes toward seeking psychological help and willingness to see a counselor. The more one retains one's heritage culture, the less positive one's attitudes toward seeking help and the less willing one is to see a counselor. A more recent research study also provided evidence that lower levels of enculturation were associated with higher self-reported past help-seeking behaviors (Miller, Yang, Hui, Choi, & Lim, 2011).

In sum, these studies suggest that acculturation and enculturation both have important implications for Asian Americans' attitudes toward seeking psychological services, and since acculturation and enculturation are on two separate continua as described earlier, both acculturation and enculturation should be used as the indicators to better capture the acculturation process and their implications on mental health services.

Treatment process. In addition to attitudes to help-seeking, acculturation and enculturation also influence individuals' preferences on the mental health treatment process. A study compared the experiences of 78 Asian Americans in career counseling with a European American female counselor who used either a solution-focused approach or an insight attainment approach (Kim, Li, & Liang, 2002). Clients who worked with a counselor using a solution-focused approach reported stronger client-counselor working alliance than clients who worked with a counselor using an insight attainment approach. Another similar study investigated the effects of counseling approach and level of adherence to Asian cultural values on the career counseling process among Asian Americans (Li & Kim, 2004). It was found that clients who were assigned to a directive form of counseling rated the counselor as more empathic and more

culturally competent, and also reported a stronger client-counselor alliance when compared to clients who were assigned to a nondirective form of counseling, regardless of their level of acculturation. Another study investigated the relationship between acculturation and counseling experiences among Asian American volunteer clients (Kim, Ng, & Ahn, 2005). The results suggested that acculturation is positively associated with client-counselor working alliance. It appears that the more one embraces the mainstream culture, the better the working alliance is between the client and the counselor. In sum, there is support for the significant effect of acculturation on the treatment process. Another more recent study shed light on Asian American college students' preferred options for mental health services (Ruzek, Nguyen, & Herzog, 2011). It was found that Asian American college students indicated a lower preference for group, couple, and family counseling, possibly because of the cultural emphasis on familial harmony, which might be broken through the disclosure of family problem, thus leading one to be viewed as shameful and disloyal to the family.

To conclude, level of acculturation and enculturation appear to have a significant influence on Asian Americans' perceptions and experience of psychological services. Thus, it is important to examine their effect on mental health services for Asian Americans in order to better inform mental health professionals about providing culturally sensitive services for the population. In light of another study examining the relationship of the two dimensions of acculturation and enculturation with psychological help-seeking attitudes, which found that values enculturation and acculturation were the most strongly related to help-seeking attitudes (Miller et. al, 2011). The current study examined the role that adherence to heritage culture (value enculturation) and adaptation to dominant culture (value acculturation) have on the two models of child psychological assessment among Chinese adults.

Parental Satisfaction with Child Psychological Assessment

Unlike psychological assessment services for most adults, parents are often the primary consumer in children's psychological assessments, instead of the clients themselves. Because children are cognitively immature and typically unable to advocate for themselves, they usually are not the ones who seek services for themselves (Young, Nicholson, & Davis, 1995). Since parents are typically the one seeking services for their children, meeting the family's needs is often one of the major goals of the services (Rey, Plapp, & Simpson, 1999). Thus, it is important for the assessment process to involve the parents not only as the as information providers, but also consumers whose engagement and participation are encouraged and their feedback valued.

Research investigating child medical care services suggests that adherence to medical recommendations is significantly related to both parent satisfaction with services and communication between professionals and parents during service provision (Lewis, Scott, Pantell, & Wolf, 1986). Parental satisfaction and parents' participation appear to relate to follow-through with recommendations after a medical diagnosis. Similar research has also been conducted on mental health services. When parents are dissatisfied, they tend to underutilize services or even reject services for their child, especially when they feel solely blamed for their child's presenting problems (Measelle, Rhona, & Miriam, 1998; Austin, 2010). Parents' dissatisfaction has also been found to be related to unmet needs, ineffective communication, lack of systematic coordination and lack of parenting involvement in treatment planning and treatment itself (Young et. al, 1995).

In a content analysis of a parent focus group discussion, Petr and Barney (1993) found that from parents' perspective, professional caregivers' "interpersonal skills and a coherent system of care" are of profound importance to the parents of emotionally disturbed children (Young et. al, 1995, p.230). They also found that the most negative experience for parents was to feel blamed for their children's problem.

Parental satisfaction has also been studied in children's inpatient mental health settings. Tas and his colleagues (2010) conducted a survey looking at the satisfaction levels of children and adolescents, and their parents after receiving treatment in an inpatient psychiatric unit. Patients and their parents were generally satisfied with the services provided. However, they indicated a lower level of satisfaction with the insufficient information given regarding the treatment and received services. Similar findings were also reported in the work of Palisin, Cecil, Gumbardo, and Varley (1997). These researchers surveyed parents whose children were hospitalized in a psychiatric unit on their satisfaction with the evaluation and treatment program. Results showed that parents in general were satisfied with their children's hospitalization program, but they would have preferred more information regarding their children's diagnostic testing and results, feedback about diagnoses, and the child's progress.

These studies all underline the importance of the relationship between the parent and practitioner, effective communication and collaboration with parents, and the need for respectful and caring interpersonal skills on the part of the practitioner. Many of these studies also commonly point to the fact that parents' satisfaction depends largely on how they experience and feel during the process of their child's mental health services.

Although it is important to understand the quality of mental health services by assessing how satisfied the consumers are with the mental health services, there is no prior research investigating parental satisfaction on child mental health services among Chinese individuals residing in the United States. It is necessary for mental health professionals to understand better the quality or cultural fit of the mental health services offered to Chinese children and families, in order to better serve Chinese individuals as the underrepresented minority group in mental health services in the United States.

Summary and Statement of Purpose

There is a growing body of research providing evidence of the efficaciousness of the TA model, not only as a psychological assessment that produces meaningful test results, but also as a short term intervention that provides a transformative experience for the client (e.g., Ackerman et. al, 2000; Hamilton et. al, 2009; Tharinger, Finn, Gentry et. al, 2009). However, as opposed to the individualism in western culture, Chinese culture endorses collectivism, considering family as the basic unit of the society (Yang, 1995). In addition, the display of emotion or psychological concern as a significant weakness and feel that this would bring shame to one's family (Sue & Sue, 2008). It has also been found that Chinese people expect the therapist to play the role of a teacher or expect (Ma, 2000), instead of a facilitator or collaborator. These characteristics of Chinese culture values impact the experience towards psychological assessment among Chinese individuals.

In the TA-C model of assessment, there is significant involvement of the client's parents during the assessment process, which fits well with the heavy emphasis on family in traditional Chinese culture values. However, the substantial amount of collaboration involved in the TA-C model might be an unfamiliar concept to the Chinese population. To date, most research on TA-C has been conducted with individuals from western cultures, and there are very limited published articles looking at the cultural application of TA models. In particular, there are no known published studies examining the acceptability of this assessment method to people from eastern cultures.

Another line of research suggests that acculturation and enculturation influence Asian American's attitude toward psychological help seeking and their preference of treatments. These findings suggest that the degree of adherence to the heritage culture may affect one's perception of, openness to, and engagement in psychological services. Although much has been written about the role of acculturation and enculturation on help-seeking attitudes, there is no prior

research examining their role in psychological services for Chinese families. By understanding this study help mental health professionals to understand the role of acculturation and enculturation on Chinese individuals' perceptions of the two assessment models, TA-C and IG, and provide insights on ways to ensure positive experiences for Chinese children and families living in the United States who are in need of psychological assessment.

Thus, the purpose of this study was to investigate the differences in Chinese adults' experiences of and feelings toward the assessment process in the TA-C model of assessment, as compared with that of the IG model of assessment. Specifically, the study includes enculturation as a covariate to examine its role in Chinese adults' perceptions regarding the child psychological assessment processes. Due to the very limited body of literature addressing this scope of research, other than three main hypotheses addressing the role of acculturation and enculturation in Chinese individuals' perception of child assessment model, there is exploratory hypothesis to help inform the parental perception of each phase of the assessment model.

If level of acculturation and enculturation significantly affects how Chinese individuals experience and feel about the assessment models, it would imply the need for mental health professionals to assess the level of acculturation and enculturation before providing psychological services to this population in order to guarantee positive experiences and appropriate cultural fit of the services provided. In addition, revealing the role acculturation and enculturation play in Chinese adults' perception of assessment models would allow mental health professionals to be better informed about use of the assessment model to create the best fit for Chinese children and their parents according to their level of acculturation and enculturation.

Chapter Three: Method

Participants

A convenience sampling of 74 participants who identified themselves as Chinese were recruited in this study from Southern California. Participants included 39 women (53%) and 35 men (47%). The participants ranged from 25 to 45 years of age, with a mean of 31 years and a standard deviation of 5.4 years. There were 32 participants (45%) with at least college education. There were 47 participants who were single (64%), 24 married (32%), and 3 divorced (4%). Of 74 participants, 21 (28%) were parents and 53 (72%) did not have any children. There were 58 participants who were foreign-born (78%) and 16 participants born in the United States (22%). Participants had resided in the United States for an average of 16.5 years. About 95% of the participants were fluent in at least one Chinese dialect. Most of the participants (87%) did not have any experience with psychological assessment services.

Design and Intervention

This study used a two group experiment design, in which participants were assigned randomly to one of the two groups, reading either the vignette simulating the TA-C child psychological assessment model (see Appendix A), or the vignette simulating the IG model (see Appendix B). The vignettes include the introductory phrase (check-in, parent initial meeting, and child initial meeting), the testing phase, the adult feedback phase (parent feedback), and the child feedback phase (child feedback session). Family intervention session was not included in the TA-C vignette because it is unique to the TA-C model and there was no equivalent session in IG model for comparison.

Both vignettes were written by the author to simulate the experience of an actual assessment process, divided into four phases. The vignettes were written to reflect characteristics

of Chinese cultural values. A male child with academic problems was chosen as the backbone of the vignettes because of the cultural value of superiority of males to females, as well as the emphasis of academic achievement within Chinese culture. Furthermore, the inclusion of the passing of the grandmother in the scenario also reflected the importance and closeness of extended family in the Chinese culture.

The vignettes were reviewed by four experienced psychologists who specialized in either the TA-C model or the IG model of child psychological assessment, in order to estimate their representativeness to real world practices. Revisions were made according to the feedback. A pilot study was done with 8 Chinese adults residing in Austin, Texas to ensure the comprehensibility and clarity of both versions of the questionnaires.

According to the Flesch-Kincaid readability test generated by Microsoft Word, the vignettes require a 7th grade or higher English reading level. Four multiple choice reading comprehension questions were included in each of the questionnaire packets to ensure sustained attention and sufficient understanding of the vignettes. All participants answered the comprehension questions correctly in the study.

A total of four measures and two sets of open-ended questions were used in the study. Participants first completed a measure (My Feelings) after reading the scenario of vignette, which will serve as a baseline to ensure the equality of the two groups. Two measures (Parent Experience of Assessment Survey (PEAS) and My feelings) were then collected at five points in time, after participants read the introductory phase, the testing phase, the parent feedback session, the child feedback session of the vignette, and lastly for the overall experience. The items in the PEAS were worded in the present tense when completed after the first four points in time and worded in the past time when used the final time, to reflect their initial and then overall experiences. Responses to open ended questions at the same five points in time were used to further understand the participants' experience. Two other measures, European American Values

Scale for Asian Americans – Revised (EAVS-R) and Asian American Values Scale – Multidimensional (AAVS-M), were also collected of the questionnaire, and served as covariances (acculturation and enculturation) in the study. Participants completed a demographic form at the end.

Measures

The Parent Experience of Assessment Survey (PEAS). The PEAS (see Appendix C) is a 24-item self report questionnaire that was developed by the University of Texas at Austin Therapeutic Assessment Project to assess parents' satisfaction with and experience of their child's psychological assessment. The PEAS follows a 5-point Likert scale format with responses options from "Strongly Disagree" to "Strongly Agree", and divided into five subscales by confirmatory factor analysis: New Understanding of Child, Parent Assessor Relationship and Collaboration, Child Assessor Relationship, Systematic Awareness, and Negative Feelings (Austin, 2010).

The "New Understanding of Child" scale (α = .88; r = .64) addresses the extent to which respondents learn new information about their child as a result of assessment. Higher scores indicate that respondents felt they had new understanding of their child. Example items include "I have lots of new ideas about how to parent my child" and "I understand my child so much better now." The "Parent Assessor Relationship and Collaboration" scale (α = .88; r = .48) assesses respondents' perception of their relationship with the assessor. High scores indicate that respondents feel comfortable, respected, heard and informed by the assessor. Sample items include "I felt the assessor respected me" and "I trusted the assessor." The "Child Assessor Relationship" scale (α = .79; r = .45) reflects the respondents' perception of their child's

relationship with the assessor. Higher scores indicate that respondents feel that their child developed a strong and positive relationship with the assessor. Sample items are, "May child felt comfortable with the assessor" and "My child and the assessor really connected well." The "Systemic Awareness scale" scale (α = .80; r = .21) measures the extent to which the respondents develop a more systemic perspective on their child's difficulties as a result of the assessment. Higher scores indicate that respondents are more aware of how their family affects their child. Some sample items from the scale include "Many of my child's difficulties have to do with our family" and "I now see how our family's problems affect my child." The fifth scale, Negative Feelings (α = .76; r = .24), captures negative feelings, for instance, guilt, judgment, or blame that the respondents might have felt during the assessment. High scores indicate a more negative experience. Items such as, "The assessment made me feel ashamed" and "I felt judged by the assessor." Data from the New Understanding of Child, Parent Assessor Relationship and Collaboration, Child-Assessor Relationship, and Negative Feelings scales will be analyzed for the purpose of this study.

My Feelings –Parents. My Feelings-Parents (see Appendix D) is a 18-item self-report questionnaire designed to examine potential change in parental hopefulness about their child's challenges and future outlook over a course of time. It was adapted to be used by parents from the Positive and Negative Affect Schedule –Expanded Form (Watson & Clark, 1994). The PANAS-X is a 60-item questionnaire captures positive and negative feelings and also eleven specific affect states, for example, sadness, fear, and guilt. The PANAS-X has an internal consistent coefficient range from 0.72 to 0.93, an adequate construct validity and a significant inter-rater reliability.

The My Feelings-Parents questionnaire reads, "Today as I think about my child's challenges and future I feel…" and lists nine positive feelings (e.g., "compassionate," "hopeful," "determined") and nine negative feelings (e.g., "frustrated," "anxious," "overwhelmed"). Respondents are asked to rate each of these feelings on a 5-point Likert scale with response ranging from "Strongly Disagree to "Strongly Agree." The scores are totaled and averaged for each of the two subscales, Positive Emotion and Negative Emotion.

The European American Values Scale for Asian Americans –Revised (EAVS-AA-R). The EAVS-AA-R is a 25-item self report measure of values acculturation developed from the original EAVS-AA, assessing Asian American's adherence to European American values (see Appendix E). The EEVA-AA-R was developed from the EAVS-AA which is originally a 18-item scale to examine the construct of values acculturation (Wolfe, Yang, Wong, & Atkinson, 2001). Due to the low reliability and unclear factor structure of EAVS-AA, it was revised using the Rasch model and resulted in the EAVS-AA-R. The final 25-item of EAVS-AA-R was found to have unidimensional factor structure and a coefficient alpha of .78 (Hong, Kim, & Wolfe, 2005). The items were based on mainstream U.S. values, including self-confidence, autonomy, marital behavior, sexual freedom, and child rearing practices. Sample items include "I think it is fine for an unmarried woman to have a child" and "I follow my supervisor's instructions even when I do not agree with them." Participants are asked to rate each item on a 4-point Likert scale that ranges from 1 (Strongly Disagree) to 4 (Strongly Agree). Higher scores represent higher adherence to European American values, or a higher level of acculturation.

Asian American Values Scale – Multidimensional (AAVS-M). The AAVS-M is a 42-item self report measure of values enculturation or adherence to Asian cultural values with five

subscales established by principal components and confirmatory factor analyses (Kim, Li, & Ng, 2005; see Appendix F). The scale yielded a coefficient alpha of .89. The coefficient alphas of five subscales, Collectivism, Conformity to Norms, Emotional Self-Control, Family Recognition Through Achievement, and Humility were .82, .78, .82, .90, and .75, respectively. The two-week test-retest reliability coefficients range from.73 to .92. Concurrent validity was established in the significant correlations between the AAVS-M with the Asian Value Scale score (r = .82). Sample items include "One should not express strong emotions" and "One should work hard so that one won't be a disappointment to one's family." AAVS-M items are rated on a 7-point Likert scale, ranging from 1 (Strongly Disagree) to 4 (Highly Agree). Higher scores indicate stronger adherence to Asian cultural values, indicating a higher level of enculturation.

Open ended questions. Two sets of open-ended questions was used in the study to inform data analysis and provide more information about the perception of Chinese individuals about the assessment process. The first set was asked at four points in time, after participants read the introductory phase, the testing phase, the parent feedback session, and the child feedback session. The first set included two questions: "If you were Wang's parents, what in particular did you like about this session?" and "If you were Wang's parents, did anything in this session make you feel uncomfortable? What are they?." The other set of open ended questions completed at the end of the total vignette. The two questions in this set included "If you were to seek help for your child in the future, would you feel comfortable with this kind of assessment service? Why?" and "Do you think this kind of assessment is a good model for Chinese American children and families? Why?"

Demographic information form. Demographic information including race, age, gender, marital status, age and gender of children if any, highest level of education achieved, length of residence in the United States, generation status, and mother tongue was collected (see Appendix G). Generation status refers to whether the participant or the participant's parents were born in or outside the United States. Generation status includes three response categories: 1st generation (the participant was born outside the U.S.), 2nd generation (the participant was born in the U.S., but at least one parent was born outside the United States), and 3rd+ generation (the participant and both parents were born in the U.S.). Mother tongue refers to the first language(s) that the participants learned as a child at home.

Procedure

Approval by the Human Subject Committee. This study was conducted in compliance with the ethical standards designated by the American Psychological Association, and the standards of the Institutional Review Board (IRB) at the University of Texas at Austin. Prior to beginning the study, all participants signed an IRB-approved consent form.

Data collection. Participants were recruited using convenience sampling in Southern California. After signing the IRB-approved consent form, participants were assigned randomly to either the TA-C group model or the IG model group. Each participant was first introduced to a case study of a child psychological assessment conducted from either a Therapeutic Assessment child model (TA-C) or an information-gathering model (IG). Following the identical introduction to the case study, participants from both groups completed the My Feelings-Parents measure to assess the equality of the groups. Then, following each of the four subsequent phases of the case study and an overview, participants completed the five subscales scores from the PEAS: New

Understanding of Child, Assessor Parent Relationships and Collaboration, Child Assessor Relationship, Systemic Awareness, and Negative Feelings; and the two subscale scores from the My Feelings-Parents: Positive Emotions and Negative Emotions. Thus, participants completed these measures at five points in time. Additional data were obtained from participants via open-ended questions to help inform the results and future study. Participants then completed the European American Values Scales for Asian Americans–Revised (EAVS-AA-R) as a measure of acculturation, and the Asian American Values Scale–Multidimensional (AAVS-M) as a measure of enculturation.

Research Hypotheses

Hypothesis 1A: After taking acculturation and enculturation into account, the TA-C versus IG model would have a direct overall effect on the combination of the seven variables, including the New Understanding of Child, Parent-Assessor Relationship and Collaboration, Child-Assessor Relationship, Systemic Awareness, Negative Feelings about the assessment, Positive Emotions and Negative Emotions.

Hypothesis 1B: After taking acculturation and enculturation into account, participants would report that they learned more about their child as a result of the TA-C model of assessment than the IG model of assessment.

Hypothesis 1C: After taking acculturation and enculturation into account, participants would report a stronger and more positive Parent-Assessor relationship on the TA-C model of assessment than the IG model of assessment.

Hypothesis 1D: After taking acculturation and enculturation into account, participants would report a stronger and more positive Child-Assessor Relationship on the TA-C model of assessment than the IG model of assessment.

Hypothesis 1E: After taking acculturation and enculturation into account, participants would report a higher level of Systemic Awareness after the TA-C assessment process than the IG model of assessment.

Hypothesis 1F: After taking acculturation and enculturation into account, participants would report a lower level of Negative Feelings about the assessment experience on the TA-C model of assessment than the IG model of assessment.

Hypothesis 1G: After taking acculturation and enculturation into account, participants would report a higher level of Positive Emotions relating to the child's challenges and future on the TA-C model of assessment than the IG model of assessment.

Hypothesis 1H: After taking acculturation and enculturation into account, participants would report a lower level of Negative Emotions relating to the child's challenges and future on the TA-C model of assessment than the IG model of assessment.

Hypothesis 2A. Acculturation would be found to have a statistically significant effect and would predict the Parent-Assessor Relationship on the TA-C model of assessment. Participants who had higher acculturation scores would report a stronger and more positive Parent-Assessor Relationships on the TA-C model of assessment than the participants who scored lower on acculturation.

Hypothesis 2B. Acculturation would be found to have a statistically significant effect and would predict the Child-Assessor Relationship on the TA-C model of assessment.

Participants who were more highly acculturated would report a stronger and more positive Child-Assessor Relationship on the TA-C model of assessment than the participants who scored lower on acculturation.

Hypothesis 2C. Acculturation would be found to have a statistically significant effect and would predict the level of Negative Feelings on the TA-C model of assessment. Participants who were more highly acculturated would report a lower level of Negative Feelings about the assessment experience on the TA-C model of assessment than the participants who scored lower on acculturation.

Hypothesis 2D. Acculturation would be found to have a statistically significant effect and would predict the Positive Emotions relating to the child's challenges and future on the TA-C model of assessment. Participants who were score higher on acculturation would report a higher level of Positive Emotions relating to the child's challenges and future on the TA-C model of assessment than the participants who scored lower on acculturation.

Hypothesis 2E. Acculturation would be found to have a statistically significant effect and will predict the Negative Emotions relating to the child's challenges and future on the TA-C model of assessment. Participants who are more highly acculturated would report a lower level of Negative Feelings relating to the child's challenges and future on the TA-C model of assessment than the participants who score lower on acculturation.

Hypothesis 3A. Enculturation would be found to have a statistically significant effect and would predict the Parent-Assessor Relationship on the IG model of assessment. Participants who had higher enculturation scores would report a stronger and more positive parent-assessor

relationships on the TA-C model of assessment than the participants who scored lower on enculturation.

Hypothesis 3B. Enculturation would be found to have a statistically significant effect and would predict the Child-Assessor Relationship on the IG model of assessment. Participants who were more highly enculturated would report a stronger and more positive Child-Assessor Relationship on the IG model of assessment than the participants who scored lower on enculturation.

Hypothesis 3C. Enculturation would be found to have a statistically significant effect and would predict the level of Negative Feelings on the IG model of assessment. Participants who were more highly enculturated would report a lower level of Negative Feelings about the assessment experience on the IG model of assessment than the participants who scored lower on enculturation.

Hypothesis 3D. Enculturation would be found to have a statistically significant effect and would predict the Positive Emotions relating to the child's challenges and future on the IG model of assessment. Participants who were score higher on enculturation would report a higher level of Positive Emotions relating to the child's challenges and future on the IG model of assessment than the participants who scored lower on enculturation.

Hypothesis 3E. Enculturation would be found to have a statistically significant effect and would predict the Negative Emotions relating to the child's challenges and future on the IG model of assessment. Participants who were more highly enculturated would report a lower level of Negative Emotions relating to the child's challenges and future on the IG model of assessment than the participants who scored lower on enculturation.

Exploratory hypothesis. After taking acculturation and enculturation into account, there would be statistically significant differences in the assessment model (TA-C and IG) by phase of assessment (introductory, testing, parent feedback, and child feedback) on the combination of seven variables.

Rationale. Previous research on the TA-C assessment model has been found to provide clients with feedback that is meaningful to them, and has enhanced therapeutic alliance and family functioning (Hamilton, 2009; Tharinger, Finn, Gentry et. al, 2008). Parents participated in a study of TA-C were found to demonstrate a significant increase in positive emotion and a significant decrease in negative emotion toward the child's challenges and future following the completion of participation in a TA of their child (Tharinger, Finn, Gentry et al., 2009). These studies point to the potential benefits from the TA-C model for children and families, and possibly translate to Chinese American after acculturation and enculturation has been taken into account.

Although the relative acceptability of the assessment models has yet to be empirically investigated in a Chinese population, previous research has suggested that Asian American individuals who are more acculturated tend to be more open to revealing their problems and emotions with mental health professionals (Atkinson & Gin, 1989), and thus more willing to collaborate with the professional in the process. Given that highly acculturated Chinese individual living in the United States behave comparable to the Chinese clients whose behaviors are highly aligned with the mainstream culture, it is thus hypothesized that higher acculturated Chinese individuals will be more satisfied with and feel more positive toward the TA-C model compared with those who are lower in their acculturation.

On the other hand, it is suggested in the literature that Asian American clients prefer brief and solution focused psychological services, rather than insight and growth oriented approaches to psychotherapy (Berg & Miller, 1993). Higher enculturated Chinese individuals might value or prefer a more "expert –directed", straight forward and solution-focused model of assessment, i.e., information gathering model more than their lower enculturated Chinese counterparts. Therefore, it is hypothesized that higher enculturated Chinese individuals will be more satisfied with and feel more positive toward the IG model when compared with those who are lower enculturated.

Chapter Four: Results

Complete data were obtained from 74 Chinese American adult participants. Participants first completed the European American Values Scales for Asian Americans–Revised (EAVS-AA-R) as a measure of acculturation, and the Asian American Values Scale–Multidimensional (AAVS-M) as a measure of enculturation. Each participant was then introduced to a case study of a child psychological assessment conducted from either a therapeutic assessment child model (TA-C) or an information-gathering model (IG). Following the identical introduction to the case study, participants from both groups completed the My Feelings-Parents: Positive Emotions and Negative Emotions measure to assess the equality of the groups and as a baseline control. Following each of the four subsequent phases of the case study and an overview, participants completed the five subscales scores from the PEAS: New Understanding of Child, Assessor-Parent Relationships and Collaboration, Child-Assessor Relationship, Systemic Awareness, and Negative Feelings; and the two subscale scores from the My Feelings-Parents: Positive Emotions and Negative Emotions relating to child's challenges and future. Thus, participants completed these measures at five points in time. Additional data were obtained from participants via open-ended questions to help inform the results and future study.

The following sections detail the results from the study. Descriptive statistics are provided to describe the dependent variables, followed by descriptive statistics for the covariates. Preliminary analyses are also presented. Main analyses with results for each hypothesis and exploratory hypothesis are then provided. Data provided through open ended questions is integrated in the upcoming Discussion Chapter.

Descriptive Statistics

Descriptive statistics for the covariate variables are provided in Table 1. These include means and standard deviations by group and for the total sample. To put the statistics in context for Table 1, the response options for the acculturation measure, the European American Values Scale for Asian Americans-Revised, consists of a 4-point Likert scale ranging from 1 = Strongly Disagree to 4 = Strongly Agree, and the response options for the enculturation scale, Asian American Values Scale –Multidimensional, consists of a 7-point Likert scale ranging from 1 = Strongly Disagree to 7 = Strongly Agree. The descriptive statistics from Table 1 showed that the means of the two covariates, level of acculturation and enculturation, were virtually identical between the two groups.

Descriptive data for the outcome variables are listed in Table 2. Unless otherwise specified, outcome variables refer to the data collected at point 5, where the participants were asked to reflect on their overall experience of the respective assessment model. The response options for the PEAS subscales and the My Feelings- Parent subscales consist of a 5-point Likert scale ranging from 1 = Strongly Disagree to 5 = Strongly Agree. As depicted in Table 2, participants in the TA-C group reported more New Understanding of Child, better Parent-Assessor Relationship and Collaboration, better Child-Assessor Relationship, more Systemic Awareness, more Negative Feelings toward the assessment process, higher Positive Emotions relating to their child's challenges and future, and lower Negative Emotions relating to their child's challenges and future than did the IG group when they reflected on their overall experience.

The means and standard deviations of the outcome variables by group by phase are displayed in Table 3. Examining this descriptive data, the experience of all participants, that is, in both groups, was increasingly more positive as they proceeded through the assessment phases. Overall, participants in the TA-C group appeared to have a more positive experience at each phase than those in the IG group, with the exception of Negative Feelings toward the assessment process on the PEAS. On this subscale, participants in the TA-C group indicated an increase and then decrease in Negative Feelings across the phases of the assessment.

Table 1

Descriptive Statistics for the Covariate Variables

Condition		EAVS-AA-R: Values Acculturation	AAVS-M: Values Enculturation
IG	*M (SD)*	2.82 (0.27)	4.07 (0.51)
TA-C	*M (SD)*	2.82 (0.23)	4.06 (0.47)
Total (N = 74)	*M (SD)*	2.82 (0.25)	4.07 (0.49)

Table 2.

Descriptive Statistics for the Dependent Variables by Group and the Total Sample

Condition		PEAS: New Understanding of Child	PEAS: Assessor-Parent Relationship & Collaboration	PEAS: Child-Assessor Relationship	PEAS: Systemic Awareness	PEAS: Negative Feelings	My Feelings: Positive Emotions	My Feelings: Negative Emotions
IG (n=37)	*M (SD)*	3.99 (0.67)	3.87 (0.57)	3.93 (0.48)	4.06 (0.63)	1.99 (0.73)	3.97 (0.43)	2.04 (0.63)
TA-C (n = 37)	*M (SD)*	4.36 (0.63)	4.39 (0.54)	4.37 (0.58)	4.47 (0.71)	2.34 (1.61)	4.17 (0.52)	0.58 (0.59)
Total (N = 74)	*M (SD)*	4.17 (0.67)	4.13 (0.61)	4.15 (0.57)	4.26 (0.70)	2.17 (1.25)	4.07 (0.48)	1.93 (0.61)

Table 3

Descriptive Statistics for the Outcomes Variables by Phase by Group and for Total Sample

Condition	Phase		PEAS: New Understanding of Child	PEAS: Assessor-Parent Relationship & Collaboration	PEAS: Child-Assessor Relationship	PEAS: Systemic Awareness	PEAS: Negative Feelings	My Feelings: Positive Emotions	My Feelings: Negative Emotions
IG	1	*M (SD)*	2.85 (0.71)	3.49 (0.53)	3.16 (0.38)	3.28 (0.65)	2.30 (0.61)	3.25 (0.76)	2.58 (0.83)
(n=37)	2		2.82 (0.74)	3.47 (0.57)	3.38 (0.48)	3.21 (0.63)	2.22 (0.63)	3.46 (0.54)	2.49 (0.78)
	3		3.83 (0.60)	3.84 (0.47)	3.89 (0.48)	4.13 (0.45)	2.20 (0.76)	3.81 (0.42)	2.22 (0.65)
	4		3.88 (0.61)	3.87 (0.55)	3.97 (0.46)	4.13 (0.56)	2.07 (0.69)	3.91 (0.49)	2.06 (0.62)
TA-C	1	*M (SD)*	3.50 (0.53)	3.86 (0.34)	3.76 (0.40)	3.80 (0.56)	2.24 (0.45)	3.70 (0.51)	2.37 (0.61)
(n= 37)	2		3.81 (0.75)	4.07 (0.49)	4.20 (0.50)	4.23 (0.54)	2.39 (0.66)	3.89 (0.52)	2.26 (0.63)
	3		4.19 (0.53)	4.25 (0.49)	4.21 (0.63)	4.34 (0.62)	2.39 (0.70)	4.05 (0.48)	2.05 (0.56)
	4		4.36 (0.58)	4.35 (0.51)	4.31 (0.63)	4.33 (0.62)	2.14 (0.87)	4.23(0.56)	1.69 (0.23)
Total	1	*M (SD)*	3.18 (0.70)	3.67 (0.48)	3.46 (0.49)	3.54 (0.66)	2.27 (0.53)	3.47 (0.68)	2.47 (0.73)
(N = 74)	2		3.31 (0.89)	3.77 (0.61)	3.79 (0.64)	3.72 (0.78)	2.30 (0.65)	3.68 (0.57)	2.37 (0.71)
	3		4.01 (0.59)	4.05 (0.52)	4.05 (0.58)	4.23 (0.55)	2.29 (0.73)	3.93 (0.46)	2.13 (0.61)
	4		4.12 (0.64)	4.11 (0.58)	4.14 (0.58)	4.23 (0.60)	2.10 (0.78)	4.07 (0.55)	1.88 (0.60)

Note. 1 = data collected after the introductory phase; 2 = collected after the testing phase; 3 = data collected after the parent feedback session; 4 = data collected after the child feedback session.

Table 4

Correlation Coefficients of the Covariates and Outcome Variables (Total Sample)

Measures	2	3	4	5	6	7	8	9
1. Acculturation	-.46**	.12	.04	.04	.08	-.20	.24*	-.24*
2. Enculturation		.22	.05	.05	.06	.06	.07	.22
3. PEAS: New Understanding of Child			.78**	.60**	.57**	-.16	.75**	-.43**
4. PEAS: Assessor-Parent Relationship & Collaboration				.77**	.64**	-.06	.64**	-.50**
5. PEAS: Child-Assessor Relationship					.57**	-.14	.58**	-.42**
6. PEAS: Systemic Awareness						.29*	.54**	-.18
7. PEAS: Negative Feelings							-.24*	.13
8. My Feelings: Positive Emotions								-.52**
9. My Feelings: Negative Emotions								

Note: ** p <0.01, * p<0.05

Table 5

Correlation Coefficients of the Covariates and Outcome Variables (TA-C)

Measures	2	3	4	5	6	7	8	9
1. Acculturation	-.40**	.13	.04	.09	.05	-.12	-.08	-.11
2. Enculturation		.31	.30	.27	.09	-.10	.15	.04
3. PEAS: New Understanding of Child			.88**	.82**	.57**	-.21	.77**	-.45**
4. PEAS: Assessor-Parent Relationship & Collaboration				.80**	.63**	-.07	.74**	-.45**
5. PEAS: Child-Assessor Relationship					.61**	-.25	.75**	-.52**
6. PEAS: Systemic Awareness						.46**	.47**	-.19
7. PEAS: Negative Feelings							-.28	.08
8. My Feelings: Positive Emotions								-.54**
9. My Feelings: Negative Emotions								

Note: ** p <0.01, * p<0.05

Table 6

Correlation Coefficients of the Covariates and Outcome Variables (IG)

Measures	2	3	4	5	6	7	8	9
1. Acculturation	-.52**	.12	.05	-.01	.13	-.43**	.42*	-.35*
2. Enculturation		.17	.14	-.17	.03	.41*	-.01	.36*
3. PEAS: New Understanding of Child			.65**	.27	.49**	-.27	.72**	-.36*
4. PEAS: Assessor-Parent Relationship & Collaboration				.65**	.57**	-.32	.51**	-.50**
5. PEAS: Child-Assessor Relationship					.40*	-.13	.27	-.26
6. PEAS: Systemic Awareness						.18	.59**	-.07
7. PEAS: Negative Feelings							-.29	.37*
8. My Feelings: Positive Emotions								-.48**
9. My Feelings: Negative Emotions								

Note:

** p <0.01, * p<0.05

Bivariate Pearson correlations were conducted to examine the relations between the covariates and outcome variables. The correlation coefficients of the variables for the total sample, TA-C group, and IG group are reported in Table 4, Table 5, and Table 6, respectively. For the total sample (Table 4), there was a significant, negative relation between acculturation and enculturation, $r = -.46$, $p < 0.01$, indicating that as acculturation increases, enculturation decreases. Level of acculturation accounted for 21% of the variance in level of enculturation. Acculturation was also positively correlated with Positive Emotions ($r = .24$, $p < 0.05$), and negatively correlated with Negative Emotions ($r = -.24$, $p < 0.05$) across the total sample.

In the TA-C group, the bivariate correlations between the two covariates and all outcome variables were found to be non-significant (see Table 5). In other words, there were no significant associations between acculturation or enculturation and the way participants experienced the TA-C process and how they viewed the child's challenges and future. Level of acculturation and enculturation did not seem to have significant impact on the outcome variables regarding participant's perception and experience of the TA-C model.

In the IG group, significant bivariate correlations were found between the two covariates and select outcome variables (see Table 6). Participants who reported higher levels of acculturation reported experiencing less Negative Feelings toward the IG assessment ($r = -.43$, $p < 0.01$), as well as more Positive Emotions ($r = .42$, $p < 0.05$) and less Negative Emotions about the child's challenges and future ($r = -.35$, $p < 0.05$),. In addition, individuals in the IG group who reported higher levels of enculturation

experienced more Negative Feelings toward IG model of assessment ($r = .41$, $p < 0.01$) and more Negative Emotions relating to the child's challenges and future($r = .36$, $p < 0.05$).

Equality of Groups

A one-way ANOVA was used to analyze equality of groups for the two covariates, acculturation and enculturation. Participants in the TA-C and IG model of assessment did not differ on the acculturation measure, $F = .00$, $p > .05$, or enculturation measure, $F = .01$, $p > .05$. Participants from both groups completed My Feelings after reading the identical scenario of vignette, which served as a baseline to ensure equality for the two groups. A one-way ANOVA was used to analyze equality of groups (TA-C versus IG model) for the two variables, namely positive and negative emotions, before the participants read the vignettes. Participants in the TA-C and IG model of assessment did not differ on the positive emotions, $F = .32$, $p > .05$, nor the negative emotions variables, $F = .01$, $p > .05$, thus indicating equality between the two groups on initial reactions to the vignettes.

To determine if there were differences on the outcome variables by gender, length of residing in the United States, and whether participants were born in the United States, three separate MANOVAs were conducted. The main effect was insignificant for gender ($F_{\text{Hotelling's Trace}} = 1.30$, $p = .27$) and for the length of residing in the United States ($F_{\text{Hotelling's Trace}} = 1.11$, $p = .23$). There was no significant difference for whether or not the participants were born in the United States on the outcome variables ($F_{\text{Hotelling's Trace}} = .068$, $p = .69$).

Preliminary Analyses

Power Analysis. Prior to beginning this research, a sensitivity analysis was conducted using G*Power 3.1 (Faul, Erdfelder, Lang & Buchner, 2007) to evaluate the appropriate sample size to detect a significant effect. G*Power uses the Pillai-Bartlett V criterion as a multivariate test statistic corresponding with f^2 as the effect size statistic. The analysis found that, using a standard Type 1 error probability of $\alpha = .05$ and standard power of $(1- \beta) = .8$, the proposed sample size of 100 would be large enough to detect an effect size f^2 (V) = 0.15 using the global effects MANOVA with seven dependent variables. In this study, the available sample size was smaller than expected, a sample of 74 participants. However, this sample size is large enough to detect an effect size of f^2 (V) = 0.22. For the f^2 statistics, a value of .02 is considered to be a small effect size, a value of .15 is considered medium, and a value of .35 is considered large (Cohen, 1988). Thus, the obtained sample size is sufficient to detect a moderate effect if one exists.

Missing Data and Outliers. In the study, participants were asked to complete four multiple-choice questions to ensure comprehension of the case study vignette. All participants answered all four questions correctly, and thus the data were deemed valid to be used for analyzes. All dependent variables were examined to determine suitability for further analyses. There were no missing data for any of the dependent variables and covariates. No data were removed as outliers.

Multivariate Analysis of Variance (MANOVA). A MANOVA was used to provide a preliminary understanding of the findings before addressing Hypothesis 1 about the impact of acculturation and enculturation on group differences. A one-way

MANOVA was conducted on the seven dependent variables (five subscales of the PEAS: New Understanding of Child, Parent-Assessor Relationship and Collaboration, Child-Assessor Relationship, and Negative Feelings about the Assessment, and the two subscales of the My Feelings–Parents: Positive Emotions and Negative Emotions relating to the child's challenges and future) with type of assessment model (TA-C model Vs. IG model) serving as the independent variable.

Prior to conducting the formal multivariate analysis of variance procedure, the data were examined to identify if influential observations were present and if the MANOVA assumptions seemed tenable. Inspecting histograms for each group for all dependent variables as well as the corresponding values for skew and kurtosis did not indicate any violations of the normality assumption. Although the Box's test did not provide support for the equality of variance matrices assumption, the equal number of observation in the two groups guaranteed the robustness of the MANOVA (Garson, G. D, 2012). Examining the results of Levene's test provided support that the variance for all dependent variables including New Understanding of Child (p = .33), Parent-Assessor Relationship and Collaboration (p = .88), Child-Assessor Relationship (p = .16), Systematic Awareness (p = .32), and the Negative Feelings toward the assessment (p = .13) Positive Emotions relating to child's challenges and future (p = .17) and Negative Emotions relating to child's challenges and future (p = .73) was similar across the groups. Finally, there was not any violation of independence assumption because the treatments were individually administered, and participants responded to the questionnaire on an individual basis.

Table 7 presents the results from the multivariate and univariate *F* tests. The result of the MANOVA indicates that the assessment models differed on the combination of the seven variables, $F_{\text{Hotelling's Trace}}(7, 66) = 2.95$, $p = .01$. The accompanying multivariate partial eta square ($\eta_p^2 = .24$) indicated that there was a large effect associated with the model of assessment. The model of assessment accounted for 24% of the variability in the overall experience of the assessment process and feelings about the child's future. Examining F tests for each of the dependent variables shows that group differences were present for four of the seven variables: New Understanding for Child (F [1, 72] = 6.03, $p < .05$), Parent-Assessor Relationship and Collaboration (F [1, 72] = 16.35, $p < .01$), Child-Assessor Relationship (F [1, 72] = 12.37, $p = .01$), and Systemic Awareness (F [1, 72] = 5.41, $p < .01$). There were no statistically significant group differences on the variables that examine feelings, that is, Negative Feeling toward the Assessment ($p = .22$), Positive Emotions relating to the child's challenges and future ($p = .08$), and Negative Emotions relating to the child's challenges and future ($p = .15$). Thus, participants in the TA-C group reported significantly more new understanding of child, better parent-assessor relationship and collaboration, better child-assessor relationship, more systemic awareness when compared to individuals in the IG group.

Table 7

Summary of Multivariate and Univariate Test Results (MANOVA)

Variables	*F*	Sig.	Partial Eta Squared
Multivariate			
Group	2.95	.01	.24
Univariate			
New Understanding of Child	6.03	.02	.08
Parent-Assessor Relationship & Collaboration	16.35	.00	.19
Child-Assessor Relationship	12.37	.01	.15
Systemic Awareness	6.67	.01	.09
Negative Feelings toward the assessment	1.52	.22	.02
Positive Emotions relating to child's challenges and future	3.13	.08	.04
Negative Emotions relating to child's challenges and future	2.16	.15	.03

Main Analyses on Hypotheses

Hypothesis 1A: After taking acculturation and enculturation into account, the TA-C versus IG model would have a direct overall effect on the combination of the seven variables, including the New Understanding of Child, Parent-Assessor Relationship and Collaboration, Child-Assessor Relationship, Systemic Awareness, Negative Feelings about the assessment, Positive Emotions, and Negative Emotions.

Hypothesis 1A predicted that TA-C versus IG model would have a direct overall effect on the combination of the seven variables after taking acculturation and enculturation into account. This hypothesis was analyzed using a one-way multivariate analysis of covariance (MANCOVA). A MANCOVA was used with type of assessment model (TA-C model Vs. IG model) as the fixed independent variable, level of acculturation and enculturation as covariates, and five subscales of the PEAS (New Understanding of Child, Parent-Assessor Relationship and Collaboration, Child-Assessor

Relationship, and Negative Feelings about the Assessment), and the two subscales of the My Feelings –Parents (positive emotions and negative emotions relating to their child's challenges and future) as the seven dependent variables.

Prior to conducting the formal multivariate analysis of covariance procedure, the data were examined to identify if influential observations were present and if the MANCOVA assumptions seemed tenable. Inspecting histograms for each group for all dependent variables as well as the corresponding values for skew and kurtosis did not indicate any violations of the normality assumption. Although the Box's test did not provide support for the equality of covariance matrices assumption, the equal number of observation in the two groups guaranteed the robustness of the MANCOVA. Examining the results of Levene's test provided support that the variance for the New Understanding of Child (p = .93), Parent-Assessor Relationship and Collaboration (p = .90), Child-Assessor Relationship (p = .22), Systematic Awareness (p = .48), and the Negative Feelings toward the assessment (p = .10) and Negative Emotions (p = .77) was similar across the groups. However, the variance for the Positive Emotions variable (p = .04) was found to be different between groups. Finally, there was not any violation of independence assumption because the treatments were individually administered and participants responded to the questionnaire on an individual basis.

After taking the effect of acculturation and enculturation into account, the result of the MANCOVA indicates that the assessment models differed on the combination of the seven variables, $F_{\text{Hotelling's Trace}}(7, 66) = 2.92$, $p = .01$. The accompanying multivariate partial eta square ($\eta_p^2 = .24$) indicated that there was a large effect associated

with the model of assessment. The model of assessment accounted for 24% of the variability in the overall experience of the assessment process and feelings about the child's future.

Examining the effect of the two covariates, acculturation was not found to have a significant effect on the combination of the seven variables (p = .09). Level of enculturation, however, was found to have a significant effect on the combination of the seven variables, $F_{\text{Hotelling's Trace}}(1,73) = 2.54$, $p < .05$. The accompanying multivariate partial eta square ($\eta_p^2 = .22$) indicates that there was a large effect associated with level of enculturation. In other words, the enculturation level accounted for 22% of the variability in the overall experience of the assessment and feelings toward the child's challenges and future.

Hypothesis 1B: After taking acculturation and enculturation into account, participants would report that they learned more about their child as a result of the TA-C model of assessment than the IG model of assessment.

Hypothesis 1C: After taking acculturation and enculturation into account, participants would report a stronger and more positive Parent-Assessor relationship on the TA-C model of assessment than the IG model of assessment.

Hypothesis 1D: After taking acculturation and enculturation into account, participants would report a stronger and more positive Child-Assessor Relationship on the TA-C model of assessment than the IG model of assessment.

Hypothesis 1E: After taking acculturation and enculturation into account, participants would report a higher level of Systemic Awareness after the TA-C assessment process than the IG model of assessment.

Hypothesis 1F: After taking acculturation and enculturation into account, participants would report a lower level of Negative Feelings about the assessment experience on the TA-C model of assessment than the IG model of assessment.

Hypothesis 1G: After taking acculturation and enculturation into account, participants would report a higher level of Positive Emotions relating to the child's challenges and future on the TA-C model of assessment than the IG model of assessment.

Hypothesis 1H: After taking acculturation and enculturation into account, participants would report a lower level of Negative Emotions relating to the child's challenges and future on the TA-C model of assessment than the IG model of assessment.

Table 8 shows the univariate *F* tests result for hypotheses 1B-H. Examining the univariate *F* tests for each of the dependent variables show that group difference was present for five of the seven variables: the New Understanding of Child (F [1, 72] = 5.41, $p < .01$), parent-Assessor Relationship and Collaboration (F [1, 72] = 5.62, $p < .01$), Child-Assessor Relationship (F [1, 72] = 4.27, $p < .01$), Systemic Awareness (F [1, 72] = 6.74, $p < .05$) and Positive Emotions relating to child's challenges and future (F [1, 72] = 3.78, $p < .05$). There were no statistically significant group differences on the two variables, Negative Feelings toward the assessment ($p = .21$) and Negative Emotions relating to the child's challenges and future ($p = .06$). Thus, participants in the TA-C group reported significantly more New Understanding of Child, better Parent-Assessor

Relationship and Collaboration, better Child-Assessor Relationship, more Systemic Awareness and more Positive Emotions relating to the child's challenges and future when compared to individuals in the IG group after taking the level of acculturation and enculturation into account.

Table 8

Summary of Multivariate and Univariate Test Results (MANCOVA)

Variables	***F***	**Sig.**	**Partial Eta Squared**
Multivariate			
Group	2.92	.01	.24
Acculturation	1.86	.09	.17
Enculturation	2.54	.02	.22
Univariate			
New Understanding of Child	5.41	.00	.19
Parent-Assessor Relationship & Collaboration	5.62	.00	.19
Child-Assessor Relationship	4.27	.01	.16
Systemic Awareness	2.72	.05	.10
Negative Feelings toward the assessment	1.55	.21	.06
Positive Emotions relating to child's challenges and future	3.79	.01	.14
Negative Emotions relating to child's challenges and future	2.58	.16	.10

The effect sizes of the significant variables were measured by partial eta square are as followed: the New Understanding of Child (η_p^2 = .19), Parent-Assessor Relationship and Collaboration (η_p^2 = .19), Child-Assessor Relationship (η_p^2 = .16), and Systemic Awareness (η_p^2 = .10) and Positive Emotions relating to child's challenges and future (η_p^2 = .14). These results provide support for the presence of moderate to strong effect of the assessment model on the level of New Understanding of the Child, Parent-Assessor Relationship, Child-Assessor Relationship, level of Systemic Awareness, and the level of Positive Emotions one perceives relating to child's challenges and future.

Hypothesis 2A. Acculturation would be found to have a statistically significant effect and would predict the Parent-Assessor Relationship on the TA-C model of assessment. Participants who had higher acculturation scores would report a stronger and more positive Parent-Assessor Relationships on the TA-C model of assessment than the participants who scored lower on acculturation.

Hypothesis 2B. Acculturation would be found to have a statistically significant effect and would predict the Child-Assessor Relationship on the TA-C model of assessment. Participants who were more highly acculturated would report a stronger and more positive Child-Assessor Relationship on the TA-C model of assessment than the participants who scored lower on acculturation.

Hypothesis 2C. Acculturation would be found to have a statistically significant effect and would predict the level of Negative Feelings on the TA-C model of assessment. Participants who were more highly acculturated would report a lower level of Negative Feelings about the assessment experience on the TA-C model of assessment than the participants who scored lower on acculturation.

Hypothesis 2D. Acculturation would be found to have a statistically significant effect and would predict the Positive Emotions relating to the child's challenges and future on the TA-C model of assessment. Participants who were score higher on acculturation would report a higher level of Positive Emotions relating to the child's challenges and future on the TA-C model of assessment than the participants who scored lower on acculturation.

Hypothesis 2E. Acculturation would be found to have a statistically significant effect and will predict the Negative Emotions relating to the child's challenges and future on the TA-C model of assessment. Participants who are more highly acculturated would report a lower level of Negative Feelings relating to the child's challenges and future on the TA-C model of assessment than the participants who score lower on acculturation.

In sum, hypotheses 2A-E tested that acculturation would be found to have a significant effect and would predict each of the above dependent variables on participants of the TA-C model of assessment, using simple regressions to regress each dependent variable on acculturation within the TA-C group. As depicted in Table 9, the results from simple regressions did not support hypothesis 2A-E.

Table 9

Summary of Simple Regression Analysis of Outcome Variables on Acculturation within TA-C Group

Dependent Variable	***beta***	**R Squared**	**F**	**Sig.**
Parent-Assessor Relationship & Collaboration	.04	.00	.05	.82
Child-Assessor Relationship	.09	.01	.28	.60
Negative Feelings toward Assessment	-.12	.01	.47	.50
Positive Emotions relating to Child's Challenges and Future	.08	.00	.24	.63
Negative Emotions relating to Child's Challenges and Future	-.11	.01	.39	.53

Additional Analysis for Hypothesis 2. In order to broaden the understanding of the findings, additional simple regressions were conducted to regress each dependent variable on enculturation within the TA-C group. The goal of the analyses was to examine if enculturation would be found to have a significant effect and would predict each of the dependent variables on participants in the TA-C model of assessment. As

presented in Table 10, the regression results were found to be non-significant. Thus, neither level of enculturation or acculturation was related to the dependent variables in the TA-C group.

Table 10

Summary of Simple Regression Analysis of Outcome Variables on Enculturation within TA-C Group

Dependent Variable	*beta*	R Squared	F	Sig.
Parent-Assessor Relationship & Collaboration	.30	.02	3.55	.07
Child-Assessor Relationship	.27	.07	2.78	.10
Negative Feelings toward Assessment	-.10	.00	0.33	.57
Positive Emotions relating to Child's Challenges and Future	.15	.02	0.83	.37
Negative Emotions relating to Child's Challenges and Future	.04	.00	0.07	.79

Hypothesis 3A. Enculturation would be found to have a statistically significant effect and would predict the Parent-Assessor Relationship on the IG model of assessment. Participants who had higher enculturation scores would report a stronger and more positive parent-assessor relationships on the TA-C model of assessment than the participants who scored lower on enculturation.

Hypothesis 3B. Enculturation would be found to have a statistically significant effect and would predict the Child-Assessor Relationship on the IG model of assessment. Participants who were more highly enculturated would report a stronger and more positive Child-Assessor Relationship on the IG model of assessment than the participants who scored lower on enculturation.

Hypothesis 3C. Enculturation would be found to have a statistically significant effect and would predict the level of Negative Feelings on the IG model of assessment.

Participants who were more highly enculturated would report a lower level of Negative Feelings about the assessment experience on the IG model of assessment than the participants who scored lower on enculturation.

Hypothesis 3D. Enculturation would be found to have a statistically significant effect and would predict the Positive Emotions relating to the child's challenges and future on the IG model of assessment. Participants who were score higher on enculturation would report a higher level of Positive Emotions relating to the child's challenges and future on the IG model of assessment than the participants who scored lower on enculturation.

Hypothesis 3E. Enculturation would be found to have a statistically significant effect and would predict the Negative Emotions relating to the child's challenges and future on the IG model of assessment. Participants who were more highly enculturated would report a lower level of Negative Emotions relating to the child's challenges and future on the IG model of assessment than the participants who scored lower on enculturation.

Overall, Hypothesis 3A-G predicted enculturation would be found to have a statistically significant effect and would predict each of the dependent variables within the participants in the IG group. Simple regressions were used to regress each dependent variable on enculturation within the IG group.

The results (see Table 11) supported significant relationships with two of the five dependent variables, although in the opposite direction of what was predicted. Enculturation significantly predicted the Negative Feelings toward the assessment, b =

.41, t (35) = 2.63, p = .01, and explained 17% of the variance (R^2 = .17, F [1,35] = 6.92, p < .05). In addition, enculturation significantly predicted the Negative Emotions relating to the child's challenge and future (b = .36, t (35) = 2.31, p < .05) accounting for 13% of the variance (R^2 = .13, F [1,35] = 5.32, p < .05). The findings indicated that contrary to prediction, participants in the IG group who were more highly enculturated reported a higher level of Negative Feelings toward assessment and a higher level of Negative Emotions relating to the child's challenges and future.

Table 11

Summary of Simple Regression Analysis of Outcome Variables on Enculturation within IG Group

Dependent Variable	**b*eta***	**R Squared**	**F**	**Sig.**
Parent-Assessor Relationship & Collaboration	-.14	.02	0.74	.40
Child-Assessor Relationship	-.17	.03	1.06	.31
Negative Feelings toward Assessment	.41	.17	6.92	.01
Positive Emotions relating to Child's Challenges and Future	.00	.00	.00	.96
Negative Emotions relating to Child's Challenges and Future	.36	.13	5.32	.03

Additional Analysis for Hypothesis 3. In order to broaden the understanding of the findings, additional simple regressions were conducted to regress each dependent variable on acculturation within the IG group. As presented in Table 12, the regression results were found to significant on three of the five dependent variables. Level of acculturation significantly predicted the Negative Feeling toward the assessment (b = -.43, t (35) = -2.82, p < .01), explaining 19% of the variance (R^2 = .19, F [1,35] = 7.93, p < .05). Further, level of acculturation significantly predicted the Positive Emotions relating to child's challenges and future (b = .42, t (35) = 2.70, p < .05), accounting for 17% of

the (R^2 = .17, F [1,35] = 7.29, p < .05). In addition, level of acculturation significantly predicted the Negative Emotions relating to child's challenge and future *(b* = -.35, *t* (35) = -2.24, p < .05), accounting for 13% of the variance of the Negative Emotions relating to child's challenges and future (R^2 = .13, F [1,35] = 5.01, p < .05). In sum, participants who were more highly acculturated reported a lower level of Negative Feelings toward assessment, a higher level of Positive Emotions, and a lower level of Negative Emotions relating to the child's challenges and future on the IG model of assessment than the participants who scored lower on acculturation.

Table 12

Summary of Simple Regression Analysis of Outcome Variables on Acculturation within IG Group

Dependent Variable	**b*eta***	**R Squared**	**F**	**Sig.**
Parent-Assessor Relationship & Collaboration	.05	.00	0.09	.77
Child-Assessor Relationship	-.01	.00	0.00	.95
Negative Feelings toward Assessment	-.43	.19	7.93	.01
Positive Emotions relating to Child's Challenges and Future	.42	.17	7.29	.01
Negative Emotions relating to Child's Challenges and Future	-.35	.13	5.01	.03

Exploratory hypothesis. After taking acculturation and enculturation into account, there would be statistically significant differences in the assessment model (TA-C and IG) by phase of assessment (introductory, testing, parent feedback, and child feedback) on the combination of seven variables.

A repeated measures MANCOVA with one-between subjects factor (TA-C versus IG) and one within-subjects factor (time) and two covariate variables (level of acculturation and enculturation) was used to address the exploratory hypotheses. The

dependent variables of interest were the perceived level of New Understanding of Child, Parent-Assessor Relationship and Collaboration, Child-Assessor Relationship, Systemic Awareness, Negative Feelings toward assessment, and Positive and Negative Emotions relating to child's challenges and future. Each participant reported perceptions on the seven dependent variables four times (after the introductory phase, after the testing phase, after the parent feedback session, and after the child feedback session).

Mauchly's test of sphericity was statistically significant for seven variables, New Understanding of Child ($p < .001$), Parent-Assessor Relationship and Collaboration ($p < .01$), Child-Assessor Relationship ($p < .05$), Systemic Awareness ($p < .05$), Negative Feelings ($p < .05$), Positive Emotions relating to child's challenges and future outlook ($p < .001$), and Negative Emotions relating to child's challenges and future outlook ($p < .001$). Therefore the multivariate statistics along with Greenhouse-Geisser F-test were interpreted.

As depicted in Table 13, there was a significant main effect of group ($p <.001$), acculturation ($p <.05$), and enculturation ($p <.05$) on the combination of seven variable averaging across the time points. The findings suggest that the overall experience of the assessment process and feelings about the child's future differed between participants in TA-C and IG model of assessment. The overall experience of the assessment and feelings about the child's future also differed significantly depending on their acculturation and enculturation levels.

The results of the repeated-measure analysis indicate that the group difference was statistically significant across time after taking the level of acculturation and

enculturation into account ($p <. 001$), accounting for 13% of the variance for the combination of the seven variables. The univariate F tests for each of the dependent variables shows that there were statistically significant interactions present for four of the seven variables: the New Understanding of Child ($F = 8.63, p < .001$), Parent-Assessor Relationship and Collaboration ($F = 2.96, p < .05$), Child-Assessor Relationship ($F = 9.96, p < .001$), Systemic Awareness ($F = 17.05, p < .001$). Separately, the interaction accounted for 11% of the variance of the New Understanding of Child, 4% of the variance of the Parent-Assessor Relationship and Collaboration, 13% of the variance of the Child-Assessor Relationship, and 20% of the variance of the Systemic Awareness. In sum, the levels of the New Understanding of Child, Parent-Assessor Relationship and Collaboration, Child-Assessor Relationship, and Systemic Awareness in the TA-C model of assessment were higher than that of the IG model of assessment (as listed in Table 3) at all of the four time points. Figures 1 to 7 display the trend of the level of each seven variables by group. The time trends were very similar between groups across these four variables. The level of New Understanding of Child, Parent-Child Relationship and Collaboration, Child-Assessor Relationship, and Systemic Awareness increased more gradually in the TA-C group across four time points than that in the IG group, where the significant increase appears later in the process, from the post-testing phase to post-parent feedback phase.

There were no statistically significant interactions on the other three variables, Negative Feelings toward the assessment ($p = .27$), Positive Emotions relating to the

child's challenges and future (p = .24) and Negative Emotions relating to the child's challenges and future (p = .49).

Table 13

Multivariate and Univariate Tests of Repeated-Measure Analysis (repeated measure MANCOVA)

Effect	**F**	**Sig.**	**Partial Eta Squared**
Multivariate Test	Hotelling's Trace		
Between Subjects			
Group	4.82	.00	.35
Acculturation	2.46	.03	.21
Enculturation	2.65	.02	.22
Within Subjects			
Time	0.80	.71	.25
Time* Group	4.14	.00	.13
Time* Acculturation	0.85	.66	.03
Time* Enculturation	1.16	.28	.04
Univariate Test	Greenhouse-Geisser		
Time * Group			
New Understanding of Child	8.63	.00	.11
Parent-Assessor Relationship	2.96	.04	.04
Child-Assessor Relationship	9.96	.00	.13
Systemic Awareness	17.05	.00	.20
Negative Feelings	1.33	.27	.02
Positive Emotions	1.43	.24	.02
Negative Emotions	0.72	.49	.01

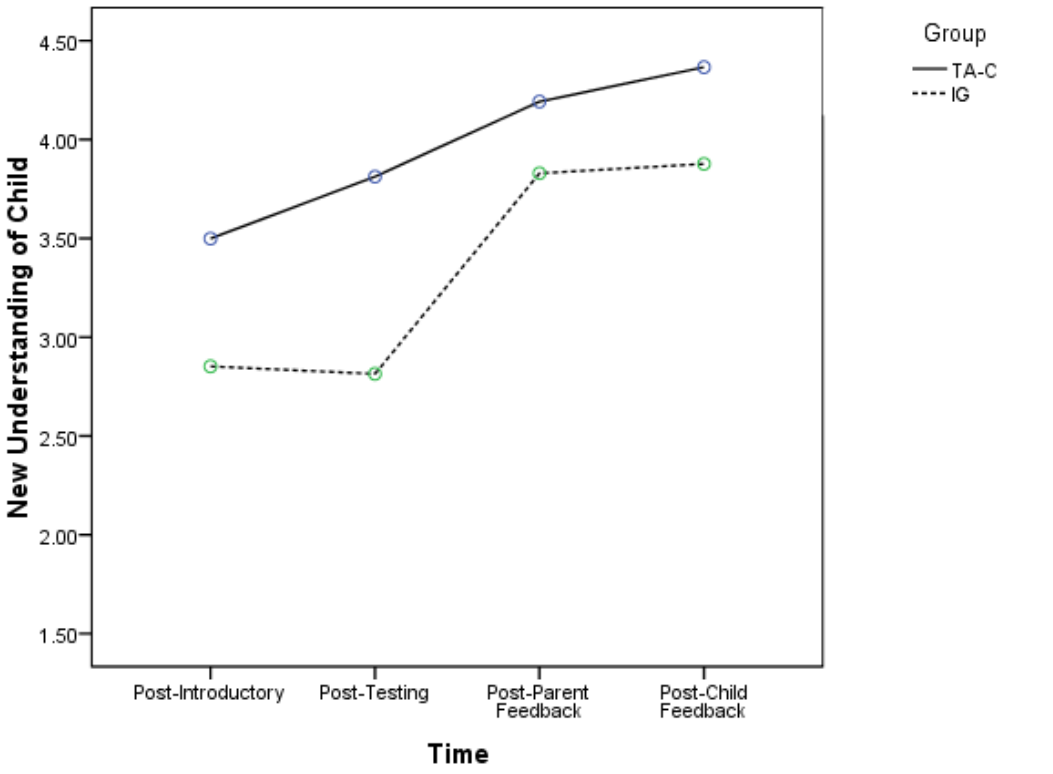
In the TA-C model of assessment, the level of New Understanding of Child, Parent-Assessor Relationship and Collaboration, Child-Assessor Relationship, Systemic Awareness, and Positive Emotions relating to child's challenges and future increased across time, while the Negative Emotions relating to child's challenges and future decreased across time. The level of Negative Feeling toward assessment, however, first increased from post- introductory phase to post-testing phrase, stayed high after the

parent feedback phrase, and then decreased after the child feedback phase to a level below that of the post-introductory phase.

For the IG model of assessment, findings on three variables (New Understanding of Child, Parent-Assessor Relationship and Collaboration, and Systemic Awareness) seemed to stay the same from post-introductory phase to post-testing phase, then increased from post-testing to post-parent feedback to post-child feedback phase. The level of Child-Assessor Relationship and Positive Emotions relating to child's challenges and future increased across the four time points, while the level of Negative Feelings toward assessment and Negative Emotions relating to child's challenges and future decreased across the four time points.

Figure 1

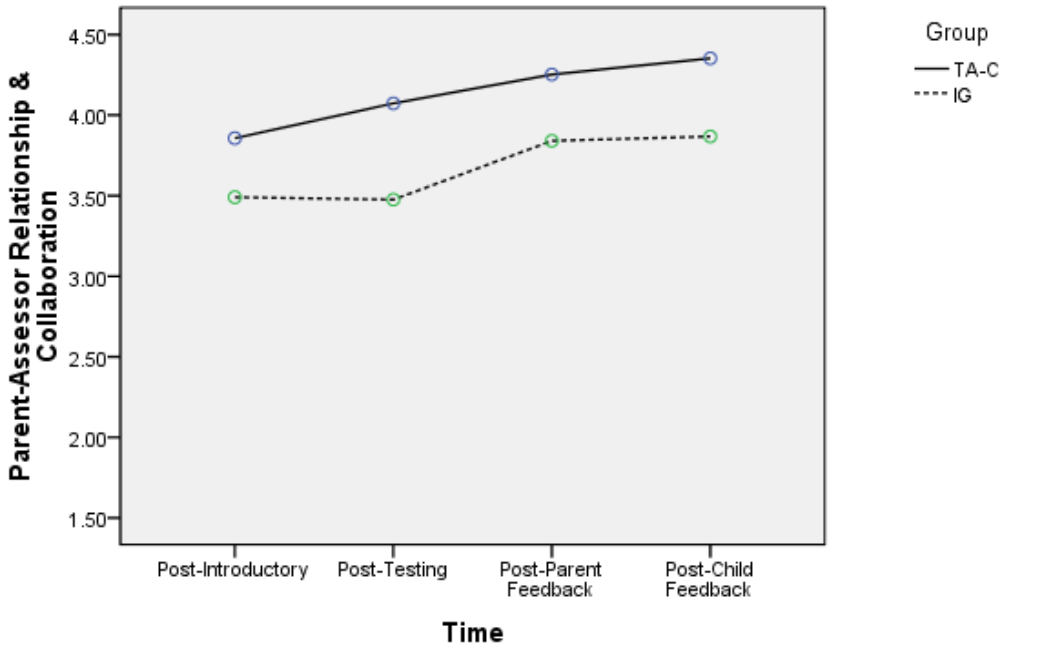
Trend of the Level of Understanding of Child by Group



Covariates appearing in the model are evaluated at the following values: Enculturation = 4.066924, Acculturation = 2.817838

Figure 2

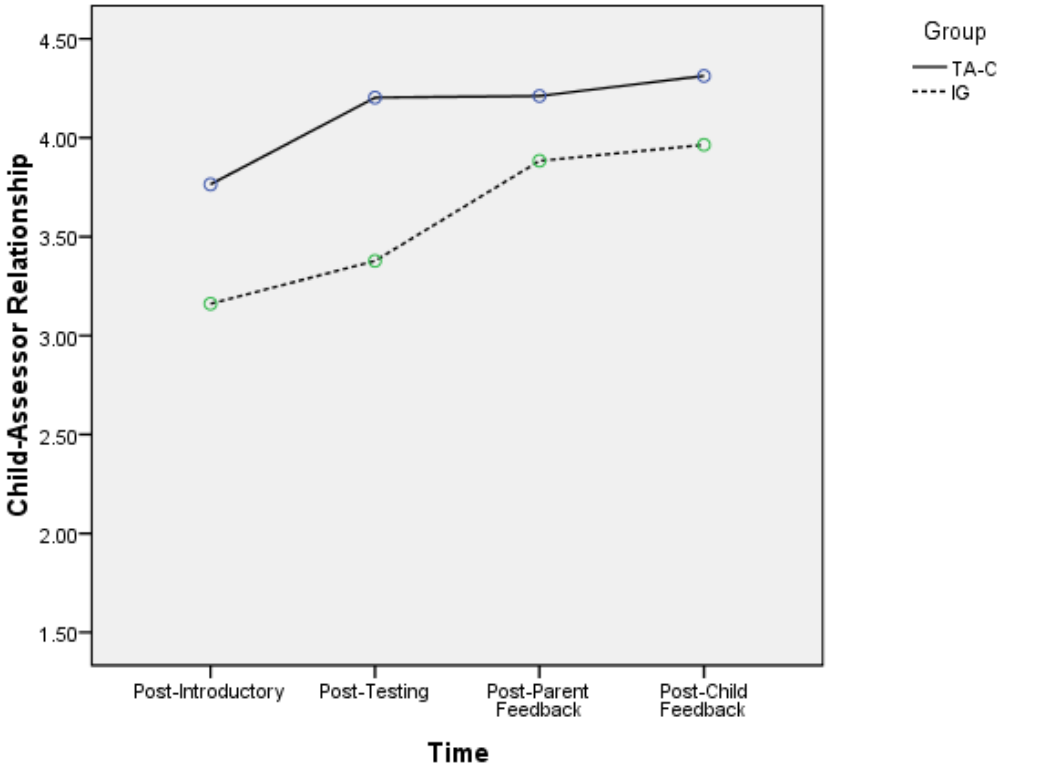
Trend of the Level of Parent-Assessor Relationship and Collaboration by Group



Covariates appearing in the model are evaluated at the following values: Enculturation = 4.066924, Acculturation = 2.817838

Figure 3

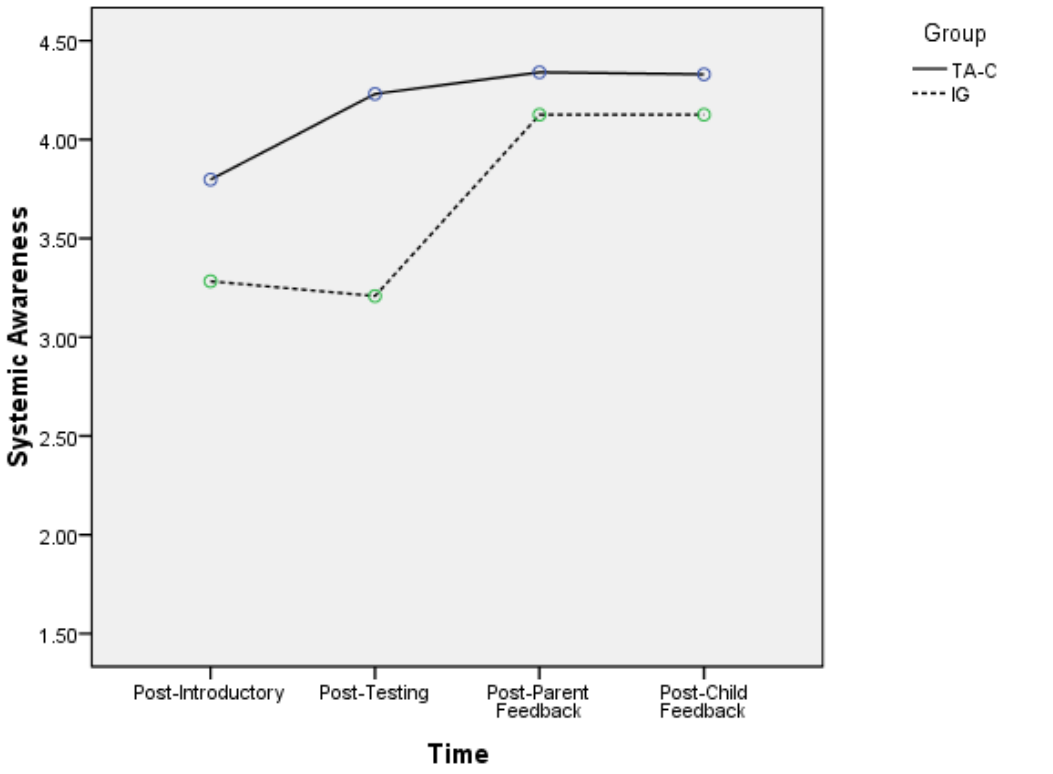
Trend of the Level of Child-Assessor Relationship by Group



Covariates appearing in the model are evaluated at the following values: Enculturation = 4.066924, Acculturation = 2.817838

Figure 4

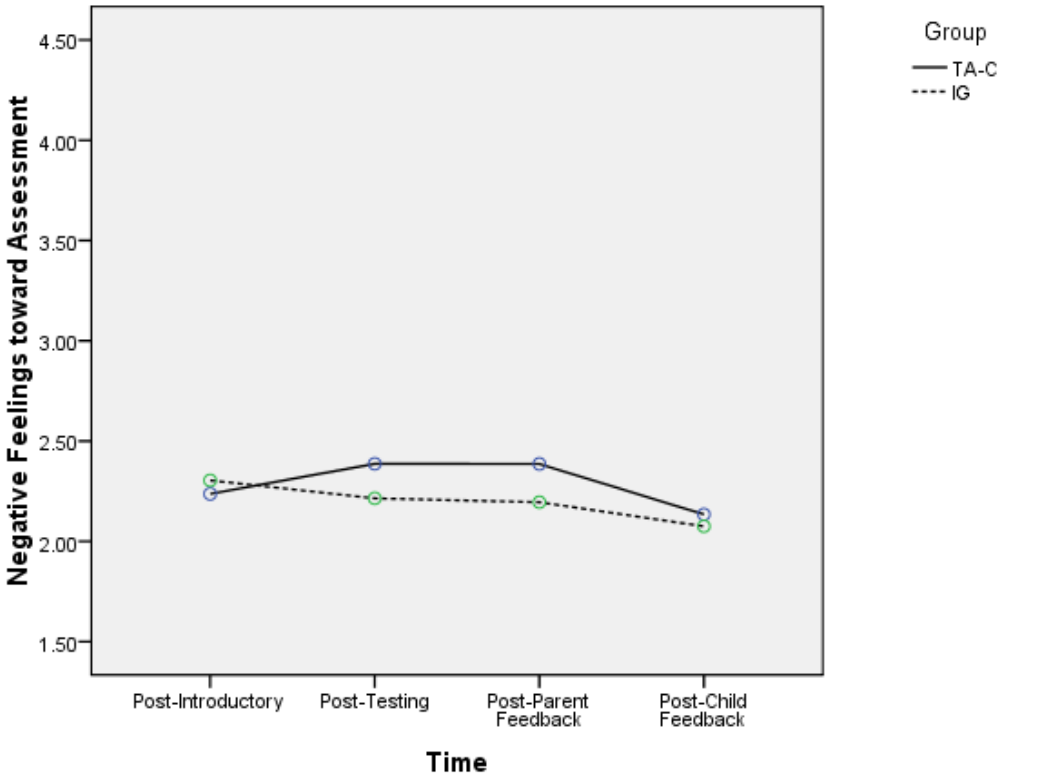
Trend of the Level of Systemic Awareness by Group



Covariates appearing in the model are evaluated at the following values: Enculturation = 4.066924, Acculturation = 2.817838

Figure 5

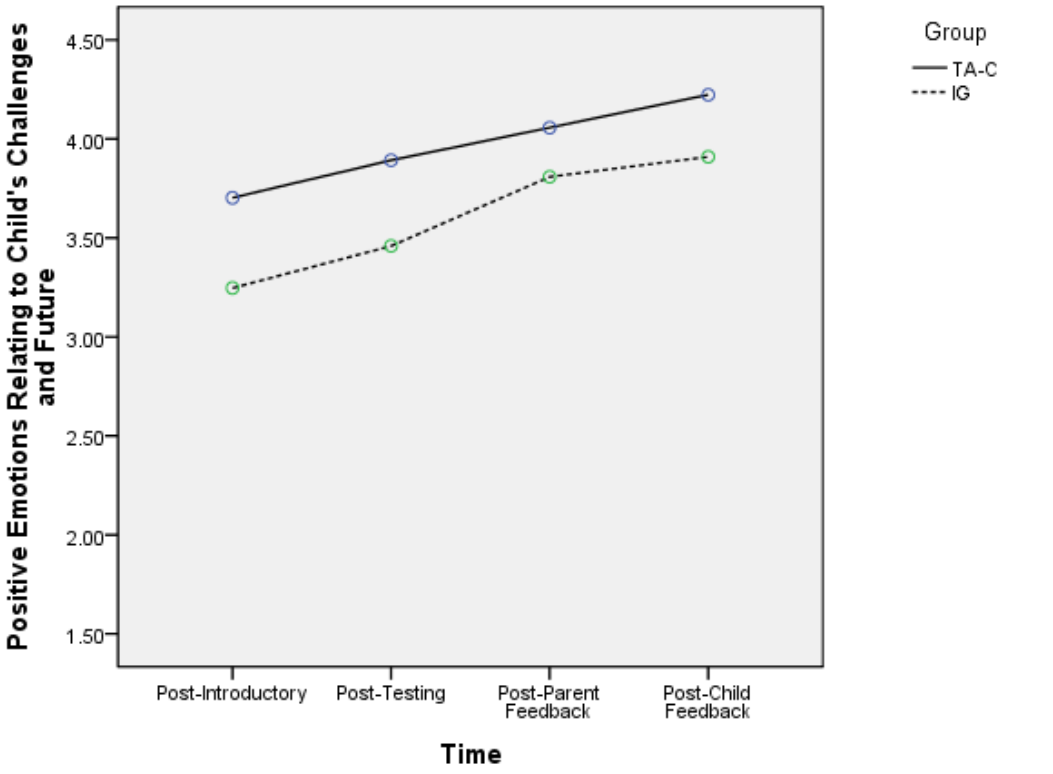
Trend of the Level of Negative Feeling toward Assessment by Group



Covariates appearing in the model are evaluated at the following values: Enculturation = 4.066924, Acculturation = 2.817838

Figure 6

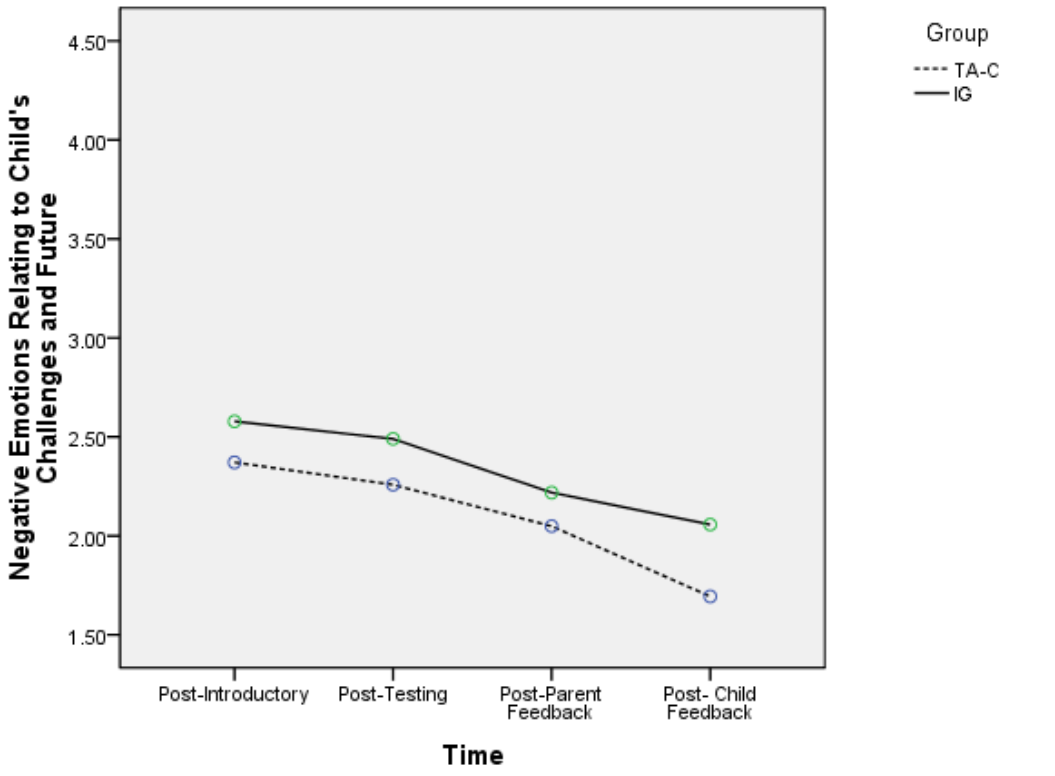
Trend of the Level of Positive Emotions Relating to Child's Challenges and Future by Group



Covariates appearing in the model are evaluated at the following values: Enculturation = 4.066924, Acculturation = 2.817838

Figure 7.

Trend of the Level of Negative Emotions Relating to Child's Challenges and Future by Group



Covariates appearing in the model are evaluated at the following values: Enculturation = 4.066924, Acculturation = 2.817838

Chapter Five: Discussion

In this chapter, the findings are reviewed, discussed, and integrated to provide insight on the meaning of the results. The cultural applicability of the TA-C model is discussed, as well as the role of acculturation and enculturation on Chinese individuals' perception of the two child assessment models compared. The finding of higher negative feelings toward the assessment as experienced by participants in the TA-C group is also examined and interpretations suggested. Implications for assessment practice are then highlighted. Finally, the limitations of the study and future directions for research are examined.

TA-C vs. IG Model of Assessment

Findings of the current study showed that after taking enculturation and acculturation into account, the participants in the TA-C assessment group not only indicated higher satisfaction when reflecting on the overall experience, but also demonstrated higher satisfaction than participants in the IG model *throughout* the assessment process as measured across four time in points. The higher satisfaction included experiencing more new learning about the child, stronger relationship between parent/child and assessor, increased awareness of the systemic influence on the child's problems, and a more positive perception of child's challenges and future. This data is suggestive of higher satisfaction of the TA-C model than the IG model among Chinese adults after taking the acculturation and enculturation level into account. This provides preliminary support for TA-C as a culturally appropriate model of child psychological assessment for Chinese families.

The additional data collected via open-ended questions also provided insight into some specific thoughts of the participants toward the two assessment models. Positive features mentioned by participants in both the TA-C and IG assessment groups included coming to understand the child's issues, receiving recommendations, experiencing open communication, and appreciating the assessor's non-judgmental acceptance. As expected from the literature, participants from both groups reported that expressing strong feelings and sharing familial matters with outsiders was shameful to them (e.g., "I feel ashamed of my family issues", "It is kind of shameful to have a stranger to talk about your own family situation"). Shame appeared to be the main negative feeling participants described on when they reflected on the assessment models they experienced. The failure to understand one's own child and to seek professional advices on parenting was viewed as a failure as a parent (e.g., "I feel ashamed for not understanding my son's need and struggle", "I do feel ashamed because Dr. Lee seems to be connecting better with Wang than us as his parents"). This suggests that when working with Chinese children and families, it is important to address possible feelings of shame during the assessment process. Results indicated that the TA-C model might be uniquely suited both to carefully evoke these feelings, but then to provide support for them, leading to an enhanced and more positive experience.

Responses unique to the participants in the TA-C assessment group seemed particularly in line with relationship and collaboration, including references to "working together to solve the problem", the assessor's ability to work well with the child, and specific techniques used during the assessment process (e.g., observation during testing

session and use of a fable during feedback session). In contrast, participants in the IG group reported that although the IG assessment met the goal of assessment, lack of "human touch" and collaboration (e.g., "I think parents and child should preform activities together with the assessor.") were noted as limitations. The comments from the participants provide some insight into why Chinese individuals perceived a higher satisfaction on TA-C model than the IG model of assessment.

These quantitative and narrative results converge to suggest that the characteristics of the TA-C model fit well with the collectivism in Chinese culture. The greater level of collaboration with the family and the strong emphasis of assessor-child/parent relationship that are characteristic of the TA-C assessment process appear to help to establish a safe holding environment for Chinese adults to maximum their emotional readiness to explore and integrate assessment findings while minimizing and containing their feelings of shame or other difficult feelings. The strong therapeutic relationship also likely allows for the lowering of defenses of the Chinese participants, who as a population tend to be less open to expressing emotions and sharing mental health concerns.

Role of Acculturation and Enculturation

The regression results indicated that neither level of acculturation nor enculturation predicted participants' experience and feelings of the TA-C model. In other words, the Chinese participants' level of adherence to Chinese cultural values and their level of adaption to the western culture had no significant impact on the way they experienced the assessment and feelings about the child's future. These findings suggest

that the TA-C model of assessment is culturally flexible in providing Chinese individuals appropriate assessment experience that is not impacted by their adherence to either Asian or Western culture. The techniques used in TA-C model to provide a safe holding environment likely provide a buffer to possible influence brought up by cultural factors. As mentioned earlier, the strong emphasis of continual collaborative opportunities throughout the TA-C assessment appears to offer a protected space for Chinese adults to step out of their comfort zone to communicate mental health concerns and process difficult feelings. In sum, these findings also offer support for TA-C as a culturally robust model of child psychological assessment model for Chinese families.

In contrast it was found that acculturation and enculturation had significant effects on the way participants experienced the IG model and felt about the child's challenges and future. In particular, individuals with a higher level of acculturation tended to have a lower level of Negative Feelings toward the IG assessment as well as a lower level of Negative Emotions and a higher level of Positive Emotions relating to child's challenges and future. They appeared to have been less stirred up emotionally by the assessment process. This may suggest that highly acculturated Chinese individuals who have adapted to the Western mainstream culture are more open in discussing their concerns to a professional and tolerant of any associated stigma, as suggested by Atkinson and Gim (1989). In other words, highly acculturation Chinese individuals generally have a more positive attitude toward seeking help from mental health professionals. This positive perception of psychological help-seeking behaviors is likely to reduce shameful feelings

regarding self-disclosure during the psychological assessment process and also instill hope and faith of their children's future.

Enculturation also predicted Negative Feelings toward the IG model, as well as Negative Emotions relating to child's challenge and future. Specifically, participants with a higher level of enculturation, i.e., strong adherence to Chinese cultural values, tended to experience a greater level of Negative Feelings towards the IG assessment and a higher level of Negative Emotions relating to the child's future. This makes sense in the context of the Chinese cultural values, where highly enculturated Chinese individuals emphasize interdependence and familial relationships. These values affect how one perceives seeking mental health services in general. The values of interdependence and relying on one's family strongly influence Chinese individuals to mutually depend on their own family members, rather than turning to a mental health professional, for difficulties and problems. It is also important for Chinese individuals to uphold family reputation and to actively avoid bringing shame to one's family. Revealing family struggles to and seeking help from a mental health professional are viewed as shameful to oneself and family. These cultural values are believed to be upheld by enculturated individuals, which may partially explain the higher level of negative affect perceived by the participants who observed the potential impact of seeking psychological assessment as described in the IG vignette.

The combined findings on acculturation and enculturation for the participants in the IG group indicate that if they were highly acculturated they were comfortable with the IG model. However, if they were highly enculturated, they were less comfortable with the

IG group. These results imply that the IG model is less robust that the TA-C and less applicable or satisfactory when experienced by highly enculturated Chinese individuals. Implications for practice are discussed below.

Trend of Negative Feelings within the TA-C model

Although the TA-C appears to be a culturally robust model of child psychological assessment for Chinese families, the descriptive findings showed that the TA-C model stirred up more negative feelings throughout the assessment process than the IG model; likely shame. When examining the graph from the exploratory analyses of the estimated marginal means of Negative Feelings toward the assessment model and comparing the two models on this variable, in the TA-C group the level of Negative Feelings toward assessment first increased from post-introductory phase to post-testing phrase, stayed high from post-testing phase to post-parent feedback phase, and then decreased after the child feedback phase, returning to a level below that of the post-introductory phase, whereas in the IG group, the level of Negative Feelings toward the assessment model decreased progressively throughout the IG assessment process. Although the Negative Feelings toward assessment model was not found to be statistically significant between the TA-C and IG group, this finding showed a very interesting and important contrast between the two models that should be examined more closely and warrants discussion and further research.

As mentioned, the level of Negative Feelings toward the assessment model decreased progressively throughout the IG assessment process. This pattern likely represents a typical reaction for parents progressing through a child psychological

assessment. That is, as parents start to have a better understanding of the assessment process and establish a working alliance with the assessor in the introductory phase of the assessment, they become more open to the process and less reserved in discussing their concerns. The level of Negative Feelings continues to decrease as parents gain more understanding of the child's presenting concerns and recognize possible next steps for intervention.

In TA-C model, however, there was an increase in Negative Feelings at the beginning phase of the assessment process that very likely resulted from the unique characteristics of and techniques used in the TA-C model. The increase of Negative Feelings during the initial phase of the TA-C model may very likely be related to the unveiling of family problems and disclosure of negative feelings to the assessor in the intake session where detailed presenting concerns were discussed. The high level of Negative Feelings may also have been impacted by the procedures used in the testing sessions where the parent directly witnessed the child's struggles and actively had the opportunity to learn new things about the child via behind mirror observation and the discussion with the assessor as well. The opportunity to observe the child process the observations in the TA-C model appeared to evoke more Negative Feelings than that of the intake and testing sessions of the IG model, which is not surprising as during the testing sessions in the IG model the parent(s) are in the waiting room. The TA-C model is designed to encourage a type of disequilibrium—one where the parents are held through their observations and discussion through the relationship with the assessor

The heightened Negative Feelings observed during the testing session in the TA-C model likely were associated with the "behind the mirror" techniques used in the session that are unique and distinctive to TA-C model. Tharinger et. al (2012) identified and described various techniques used as parents observe their child's testing sessions. These techniques include psycho-education of the tests used, observation of parent's reactions, gentle confrontation of parental perception, and introduction of systemic and contextual awareness. These techniques aim to test the parental readiness and gradually facilitate a shift in their view of the child to a more systemic perspective. Change is by nature a stressful process, and very likely stirs up negative feelings in the process. This process may partially explain the increased Negative Feelings toward the TA-C assessment at the post-testing phase where change is first likely to enter the parents' awareness. In the TA-C group in this study, the level of Negative Feelings toward the assessment was maintained at a high level from post-testing to post-parent feedback phase. This indicates that participants continued to perceive Negative Feelings after the parent feedback session.

Again, this is not surprising and is even to be expected given that in the parent feedback session of TA-C, each of the parents' assessment questions is addressed. The assessor organizes findings according to how much they align with the parents' existing story about their child. The assessor also asks parents to collaborate, modify, or reject any findings that do not make sense to the parents. This collaboration offers opportunity for parents and assessor to co-create a more complete, accurate, and meaningful picture about the child's problems and to discuss the family's next steps. Although the feedback

is offered in a way to help parents gradually take in new information about the child, this discussion process could as well elicit shame and guilt, and thus partially explain the high level of Negative Feelings at the post-parent feedback phase. It is interesting to note that subsequently the level of the Negative Feelings for participants in the TA-C model declined after the child feedback session to a level below the post-introductory phrase. That is, negative feelings then decreased. This suggests an integration and equilibrium at the end of the TA-C.

The method of providing child feedback in the TA-C model may have also impacted the decrease in negative feelings in the TA-C after the child feedback session. The direct feedback used in many IG models of assessment can be cognitively challenging and emotionally overwhelming for children. In contrast, the goal of the child feedback session in TA-C model is to deliver findings in a non-threatening and meaningful way. The child feedback session in TA-C and in the vignette used in this study utilized an individualized fable as a way of communicating assessment results tailored to the developmental level and readiness of the child. This method not only effectively communicates assessment findings to the child, but also fosters change and hope. Thus, this method is likely to have reduced perceived Negative Feelings toward the assessment when the adult participants in this study experienced its impact.

Implications for Assessment Practice

This study provided preliminary support for TA-C as a culturally sensitive model of child psychological assessment for Chinese families residing in the United States. The data were suggestive of higher satisfaction of the TA-C model of assessment than the IG

model throughout the assessment process. It was also found that Chinese individuals' level of acculturation and enculturation had minimal impact on their perceived satisfaction and hopefulness in the TA-C model. In light of these findings, psychologists are advised to consider using the TA-C model or integrating therapeutic assessment methods into their assessment practice in order to provide a more positive, accurate, and meaningful assessment for the Chinese families, especially if they hold to traditional values. In addition, psychologists are encouraged to be especially mindful the likelihood of negative affect being stirred up during the TA-C assessment process, but also feel confident that the relational and collaborative nature of the TA model is able to offset or hold those emotions. It is important to acknowledge Chinese clients' difficult feelings that might be related to their cultural values and to provide a safe holding perform for them to openly discuss the issues. Clinicians are encouraged to consider utilizing TA-C or selected techniques from TA-C when conducting assessments this population.

The current study also sheds light on the role of acculturation and enculturation on assessment models, especially within IG model, a commonly used assessment model in the field. The result of the study indicated that high levels of acculturation and enculturation of the participating Chinese adults had significant impact on and predicted feelings about assessment model and emotions towards child's challenges and future. Highly acculturated individuals were found to have a more positive attitude toward the IG model and the child's challenges and future, while highly enculturated individuals tended to have a comparatively negative attitude toward the IG model and the child's challenges and future. Since a high level of enculturation appears to have negative

influence on the Chinese individual's perception on the IG model, assessors may want to examine Chinese parents' level of enculturation before beginning a traditional child psychological assessment (IG model). And, when their level of enculturation is high, assessors may wish to think about using other child assessment methods that place greater emphasis on building assessor-client relationship and facilitating parent-assessor collaboration to support the family dealing with their negative feeling brought up during the assessment process. The findings discussed earlier suggest that the TA-C model and techniques offer such an opportunity, where level of enculturation did not affect the experience of the TA-C model. This further supports the TA-C model should be utilized with highly enculturated Chinese families.

Overall, this study provides insight into ways to provide culturally sensitive mental health services for the Chinese population in the United States. The involvement of family members and the emphasis of client-assessor relationship building are some of important components to minimize shame and to enhance positive experiences for Chinese families seeking mental health services. It is anticipated that with culturally sensitive mental health services, the underserved Chinese population in the United States would feel more comfortable and willing to utilize these services.

Limitations and Future Directions

Limitations related to data collection and sampling for the current study include the convenience sampling and its possible sampling bias, in that the sample does not represent or generalize to the entire Chinese population who resides in the United States.

Using the method of convenience sampling limits generalization and making inferences from the findings.

One of challenges related to data collection procedures was the length of the questionnaire used in the study and the lack of participants' motivation to complete the questionnaire packet. Many participants complained about the questionnaire being too long and the measures being too repetitive. For this reason, to encourage participation in future studies, modifications should be made to the procedures including shortening the questionnaires, allowing online completion of measures, and providing incentives to participants.

One of the strengths of the study was the use of the vignette methodology that helped to collect data more efficiently. However, the use of the vignette methodology also limits the direct application and generalizability of the findings. The simulation of the assessment models using vignettes did not completely translate the real-life experience of the assessment processes. The use of experimental or case study designs are needed to further investigate the cultural application of the models of psychological assessment with Chinese families residing in the United States. These designs will help to increase the external validity of the result. In addition, formal and detailed interviews along with the study would be extremely helpful to provide more qualitative data on how cultural values might impact individuals' perception on the assessment experience.

Conclusion

The study provided promising preliminary support of the TA-C model as a culturally appropriate model of child psychological assessment for Chinese families

residing in the United States, and provided caution about the use of the IG model with those who are highly enculturated. This study also provided awareness of the importance of collaboration and relationship building in providing culturally sensitive mental health services to Chinese families in the United States. Future research in this area is warranted to further examine the impact of cultural factors on client's perception of assessment models. It is important to continue to study Therapeutic Assessment from a multicultural perspective and to provide nuanced empirical support for the cultural applications of the model.

Appendix A

Vignette (TA-C model)

Scenario

Wang is a ten-year-old boy who attends fifth grade at Tulip Elementary School. Imagine that he is your son. Recently, Wang's teacher called and asked to meet with you (and your spouse) to discuss concerns she has been having about Wang's performance and behavior at school for the past month.

At the meeting Wang's teacher tells you that he is not concentrating in class as well as he used to. She says he loses his focus frequently and is not able to finish his class work. She also tells you that Wang's grades are declining. He was an A student in the fourth grade, but now he is getting Bs and Cs. She also shares with you that Wang visits the nurse's office almost three times a week, saying he has a headache or upset stomach. She also mentions that Wang does not seem to enjoy recess like he used to. Most of the time, he prefers to read by himself during recess, instead of playing games with the other boys.

The teacher tells you that she wants to help Wang do his best in school and enjoy himself. She hopes you can all work together to help Wang improve in school.

After the teacher meeting, you and your spouse are very concerned about the decline in Wang's academic performance. Together you decide to seek professional help and take him to a psychologist for an assessment.

Check in

The next day, you call a local mental health center in your community to gather more information about obtaining an assessment for Wang. The office administrator explains what the assessment will be like at this center. She tells you that this assessment will be a collaborative process in which you, your spouse, the assessor, and Wang work together to figure out the best way to help with Wang's struggles and challenges. You decide to pursue an assessment and the office administrator sets up an appointment for you with Dr. Lee, a specialist in collaborative assessment with children and families, for about a week later. She lets you know that she will mail a packet of information to you, including a description of the general procedures of the collaborative assessment process and directions to the clinic.

A few days before the appointment, the office administrator calls you to see if you have received the packet of information and to confirm the appointment. She asks if you have any questions about the assessment process. She further explains what the initial meeting will be like, and encourages you to think of some questions about your child and family that can help guide the assessment. She lets you know that during the first meeting, you will be working together with Dr. Lee to construct and explore your questions.

Parent Initial Meeting

A few days after talking to the office administrator over the phone, you and your spouse meet with Dr. Lee for the first meeting. During the meeting, Dr. Lee checks in with both of you to see how it was finding the office and how you are doing in general. She inquires about the information that was sent home and invites you to bring up any questions you may have about the process. She stresses that it will be very important for everyone to work together to best understand what Wang needs. Dr. Lee says she is looking forward to constructing questions today that will guide the assessment.

Dr. Lee explains that there will be weekly one and a half hour meetings for about four to six weeks. She explains that for about half of the meetings, she will be working directly with Wang doing tests and activities. She lets you and your spouse know that in her experience it is very useful for parents to observe their child during those sessions, as they can see exactly what is going on and can ask questions later about what they have observed. She lets you know that here in her office she has a room for parents to observe through a one-way mirror. She assures you that Wang will know you are observing and that in her experience children Wang's age are usually pretty comfortable knowing their parents are so close by and watching.

Dr. Lee then asks both of you to begin to tell her about Wang and your concerns for him. You tell Dr. Lee that Wang did well in the fourth grade, but has been struggling with schoolwork since the beginning of the fifth grade. You tell her what his teacher shared with you about his difficulty focusing at school and completing his assignments in class. Your spouse mentions that one or the other of you has had to spend almost two hours every evening sitting with Wang to make sure he completes his homework. You add that Wang used to be an A student and enjoyed school, but his grades have declined this year.

Dr. Lee listens carefully and suggests that it sounds like one of your questions for the assessment is, "Is the fifth grade too difficult for Wang?" You agree, and you and Dr. Lee further explore your concerns about Wang's learning. Together you decide to add another question, "Why has Wang's school performance changed in the past few months?" You let her know that academics are very important in your family, and that neither you nor your spouse had any school problems. In fact, you both did very well at school. You let her know that you don't understand why school has suddenly become such a challenge for Wang.

Dr. Lee is curious about the change in Wang's school performance. She asks if there have been any recent changes or stressors in the family. Your spouse tells Dr. Lee that since the spring of the fourth grade, Wang has been attending an after-school program, which was a change for him. You explain that this year Wang has continued to go to the after-school program until you can pick him up after work. Your spouse shares that for most of last year Wang used to go home right after school, where his grandmother took

care of him. Dr. Lee asks about his grandmother. You share with her that your mother was in and out of the hospital for many months and died in the late summer from complications related to a chronic illness. You explain that your mother had lived with the family for a long time, since her husband passed away, and that she had taken care of Wang since he was born. Dr. Lee asks about her passing. You tell her that her death was sad, but not totally unexpected. Dr. Lee asks a few more questions about your mother and her relationship with Wang. She asks if Wang was very close to grandma. You explain that Wang was close to grandma and enjoyed spending time with her. Dr. Lee goes on to ask if Wang seem particularly upset when grandma died. Your spouse tells Dr. Lee that Wang cried when his grandma passed away, but did not seem particularly upset. You add that Wang has not talked about her for a while.

Dr. Lee then asks you to tell her what your family is like. You describe your family as basically doing well, with typical ups and downs. You spouse adds that you all like to go hiking and enjoy riding bikes on weekends. You go back to describing your recent worries about Wang's falling behind in his grades. You also let Dr. Lee know that several weeks ago Wang refused to work with either of you on his homework and said that you didn't care about him. You let Dr. Lee know that you feel very stuck about what to do. Dr. Lee suggests that another question that you want to learn more about might be something like, "How can we let Wang know we care about him?" You agree.

Then you add that you have another question--how to help support Wang through his struggles. You talk a bit longer to further explore this concern. After further discussion, you and Dr. Lee agree that this question is, "How can we all work together as a family to support Wang through his struggles?"

Near the end of the session, Dr. Lee offers to help you prepare to explain to Wang what the testing process will be like. You work together to come up with the right words to use when you talk with Wang. Dr. Lee explains that at the next meeting she will meet with you, your spouse, and Wang all together and you all will talk with Wang about the assessment process. She suggests that you consider sharing one of your questions with Wang during the meeting, likely the one about the family working together better. She also lets you know that in the whole family meeting, she will invite Wang to come up with his own questions for the assessment. She lets you know that in her experience some kids Wang's age come up with their own questions and some don't, at least not right away—but might later during one of the testing sessions.

Before you leave, Dr. Lee gives you two copies of a long checklist about children's learning and behavior. She explains that she thinks these will be helpful in answering your questions about Wang. She asks you and your spouse to each complete one separately and return them at the next meeting.

Child Initial Meeting

A week later, you, your spouse, and Wang meet with Dr. Lee together. Dr. Lee greets the three of you, and introduces herself to Wang. She then checks in with Wang to see what he understands about coming to her office. Wang says that he is there to learn more about his problems with school. Dr. Lee then invites you to share one of your assessment questions with Wang. You share your question about how the family could better support him through his struggles. You let Wang know that, together with Dr. Lee, you hope to answer all of their family's questions. Dr. Lee then invites Wang to come up with some questions that he would like to be answered about himself and his family. After talking for a while, Wang comes up with two questions, "Why don't I do as well at school?" and "How come I don't like school anymore?". Dr. Lee praises Wang for coming up with his questions. She and Wang talk more about his questions, and begin trying to understand when his difficulties started. You realize that you are surprised by how much Wang is aware of his challenges.

Before the end of the meeting, Dr. Lee asks if you, your spouse, or Wang need any more information. She then talks about what to expect in the next three or four sessions. Your spouse lets Dr. Lee know that he/she will be on a business trip for the next two weeks and will not be able to attend the testing sessions. Dr. Lee says she understands and invites your spouse to the feedback meetings. Then Dr. Lee shows Wang the room next door with the one-way mirror. She explains that after a short break, he will be doing some tests and activities with her while you observe from that room. She shows Wang the observation arrangement and asks if he is comfortable with it. He says he is.

Testing Sessions

After the break, Dr. Lee reminds you that you will be observing from behind the one-way mirror. She tells you that she will check in with you at the end of each of the testing sessions to answer any questions you have and to talk about your reactions to Wang's performance. She lets you know that today she will be testing Wang's ability to reason and process verbal and visual information, in order to address your assessment questions about his school performance. Dr. Lee then walks you and Wang to the observation room. After you are settled, Wang and Dr. Lee go into the testing room next door.

Dr. Lee lets Wang know that first she wants to learn more about how he thinks and solves problems. She explains that these activities will help begin to answer his question about why he is not doing as well as he used to be at school. She first asks Wang to make designs using blocks and then to put together some puzzles. Dr. Lee also asks Wang to tell her the meanings of some words and work on some word problems using similes. Dr. Lee also asks Wang how he likes the work they have done together so far. Wang says he likes making designs with blocks and wishes there were more. Dr. Lee gives Wang a set of designs to play with and goes to check in with you. She asks you what you think about Wang's performance. You share that you think Wang answered most of the problems correctly, but did miss some that he is probably capable of doing. You also mention that Wang used to like to build puzzles with you at home, but hasn't lately.

The next week you and Wang return for the second testing session. Dr. Lee lets you know that today she will test Wang's academic skills to continue to explore your assessment questions about his school performance. You go behind the one-way mirror to observe while Wang goes into the testing room with Dr. Lee. In the session, Dr. Lee asks Wang to read some passages and answer questions. She then asks him to complete some math problems. As Wang is solving math problems, he asks to take a break because he feels tired. Dr. Lee asks Wang what he thinks about the reading and math so far. Wang says, "I think I did them well. Somehow I work better here. You know at school, I cannot focus on my work." Dr. Lee listens and empathizes with Wang's frustration. She also reassures Wang that he is welcome to take breaks between activities if he would like.

During the break, Dr. Lee gives Wang a game to play with and comes to check in with you behind the one-way mirror. Dr. Lee asks how you are feeling about the testing so far today. You tell her that you think Wang did OK with his reading, but could have done better in math. You ask Dr. Lee her impression of Wang's performance. Dr. Lee tells you that she has not scored the tests yet, but from her experience, she can tell Wang's reading and math are above grade level. Dr. Lee then asks you if Wang gets easily distracted at home, since he said he can't focus at school. You tell Dr. Lee that Wang never seems easily distracted, but instead spaces out a lot and seems to be thinking about something. Dr. Lee then follows up by asking you what sorts of things you usually do when Wang spaces out. You tell her that you usually help Wang to focus on his work, but sometimes

you get very frustrated and lose your temper. Dr. Lee mentions that in her experience it is not unusual for parents to get frustrated when they try to help with homework. Dr. Lee also asks if there was anything you saw in the session similar to what happens at home when you work with Wang on his homework. You tell her that Wang always asks to take breaks when he does his homework with you. But you seldom let him take a break because it gets to be so late at night, which just increases the frustration you feel when you're working with him. You also tell her that taking a break might help him and that maybe you should try it at home.

You and Wang return the following week for the third testing session. Dr. Lee lets you and Wang know that today you are going to do some different types of activities to try to understand the question you shared with him in the first meeting. That is, how everyone can work together to help him with his struggles. Once again, you go behind the mirror and Dr. Lee and Wang go into the testing room. First Dr. Lee asks Wang to draw a picture of his family doing something. Wang draws a picture of his parents, grandmother, and himself going to a park together. He mentions that everyone in the drawing is happy about going to the park and they are having so much fun. Wang adds that this happened before his grandmother got sick. Wang also says that he does not want to go to the park anymore, but he immediately adds that he should not have said that because his mother can hear him behind the mirror. Dr. Lee assures Wang that it is OK to talk about his feelings here. Wang then says he has a stomachache and asks to take a break.

Dr. Lee gives Wang a 5-minute break. After checking to see if he is ready to continue, Dr. Lee asks Wang to complete some sentences. He completes the sentence "I wish…" with "*my grandma was still here*". Wang also completes these sentences: " "When I cannot concentrate at school… *I daydream and miss my mom and dad*.", "School is…*not as fun as in the fourth grade*", "I feel… *lonely*", "I wish my parents… *would never leave me, like grandma did*." Dr. Lee lets Wang know how much she appreciates him letting her know about how he feels. She also let Wang know that she is sorry to hear about the loss of his grandma. Wang tells Dr. Lee that he really misses his grandma and wishes she were still here. Dr. Lee asks Wang what he usually does when he feels lonely and sad. Wang tells Dr. Lee that he usually draws or reads to get himself distracted, or he just kind of spaces out. Dr. Lee then asks Wang to draw pictures of anything he would like.

While Wang is drawing, Dr. Lee checks in with you. You tell her that you are feeling very emotional about how Wang feels about losing his grandma and how scared he was to talk about it. Dr. Lee agrees that it is upsetting to hear how difficult it has been for Wang. She sits with you for a while. She then tells you she thinks no more testing is needed. She says that now she will pull together everything and talk with you next week about what she has learned. She explains that she will work on the answers to your and Wang's assessment questions and that you will all work together to figure out ways to support Wang from there.

Dr. Lee returns to Wang in the testing room and sees that he has drawn a picture of himself playing soccer. He has also drawn a picture of a turtle family that he says he saw in a pond at a neighborhood park. Dr. Lee notices that Wang seems very engaged in telling her about his drawings and appears to be in a good mood. Dr. Lee tells Wang how much she has appreciated working with him and that she will share what she has learned with him the next time she sees him.

Parent Feedback Meeting

You and your spouse return the next week for the feedback session. Dr. Lee greets you both and checks in about your week. She asks if you and your spouse have any questions about what will occur today. She also asks both of you how you are feeling about discussing the findings together today. You tell Dr. Lee that you feel okay; maybe a little bit nervous. At one point she asks what is the worst thing you could hear, and you and your spouse talk about your fear of learning that there might be something wrong with Wang. You realize that you feel some relief just saying that fear out loud. Next, Dr. Lee asks what you learned about Wang and your family from your observations of the testing sessions. You tell her that you now know how sad it has been for Wang to lose his grandma. Dr. Lee listens patiently.

When you are ready, Dr. Lee starts telling you what she learned from working with Wang. She adds that she will send you a letter in a few weeks that summarizes all that you discuss today. Dr. Lee says that much of what she learned can address the question, "Is the fifth grade too difficult for Wang?" Dr. Lee asks you to talk about what you think after observing Wang. You tell her that you are not as worried as you were at the beginning of the assessment because you saw that Wang did well on the tests about reasoning and academics. Dr. Lee agrees, and adds that Wang is smart and has very good verbal and nonverbal reasoning skills. Also, she found that his academic performance is above grade level.

Your spouse says s/he is puzzled about what actually goes wrong for Wang in class and with homework if he does not have any learning problems. Dr. Lee goes on to address the second questions that you had for the assessment, "Why has Wang's school performance changed in the past few months?" Dr. Lee explains that losing his grandma had a large impact on Wang. Dr. Lee says that Wang and his grandmother had a very close relationship, and it is normal for children to feel very sad about losing such an important person. However, she continues, it seems that Wang's sadness is too much for right now. It has upset him to the point that he is now scared of losing his parents too. Dr. Lee goes on to say that Wang's anxiety is likely causing his physical symptoms, like his stomachaches, and really contributing to his inability to focus at school and on homework.

Dr. Lee pauses and asks if this explanation of the findings makes sense to the two of you. In thinking about Dr. Lee's question, you recall that Wang had a stomachache when he talked about grandma in the last testing session. You also start to think about other changes in Wang since the death of your mother. You share with Dr. Lee that now that you think about it, Wang has become clingier recently. And he has refused to go to soccer practice several times, though he used to love soccer. Your spouse also notes that Wang has been spending a lot of time alone in his room lately.

Before moving on, Dr. Lee checks with you to see how you're doing. You realize that you are sort of in a daze as you are remembering that several weeks ago Wang said he was scared that you would leave him. You realize that you just pushed that statement away because it was too difficult to hear. Your spouse gives you a hug. Dr. Lee sits with you both for a while. She tells you that it is not uncommon for children to be scared of losing more people in their life after they have lost someone very important to them—like their grandmother. You and your spouse are quiet for a while. Then you tell Dr. Lee that it is upsetting not to have been aware of Wang's sadness earlier, and it is emotional for you to hear how much Wang is struggling. You also explain that you feel some relief because you are starting to understand what Wang is going through.

After a few minutes, Dr. Lee goes on to talk about your other assessment questions, "How can we let Wang know we care about him?" and "How can we all work together as a family to support Wang through his struggles?" Dr. Lee suggests combining the two questions and answering them together. Both of you think that is a good idea. Dr. Lee continues. She says that Wang likely thinks that you don't understand why he feels upset and that he shouldn't have these feelings. She reminds you how during one of the testing sessions, Wang commented that he shouldn't have said he didn't want to go to the park anymore. Dr. Lee suggests that talking to Wang about his feelings and struggles at school would help him feel understood. Your spouse tells Dr. Lee that both of you have avoided discussing the loss of grandma with him because you did not know how to do it right. You realize that Wang needed you to talk with him about his feelings about his grandma's death to help him grieve. You hope it is not too late.

Dr. Lee explores your worries. She suggests that the two of you talk with Wang soon about his feelings about the loss of grandma and let him know that it is OK and very normal to have the feelings he has. She further describes some activities you all can do as a family to help with the emotional aspect of the loss. She suggests that you can write a memory journal or make a memory box. Dr. Lee also suggests that you consider beginning family counseling with a therapist who specializes in loss. Dr. Lee seems to understand that you have a lot to take in and that it will take awhile to digest it all. She lets you know that you will all meet again next week with Wang. She tells you that she will be working on a story to give Wang that explains what you all learned about him. She invites you to review the story and give input by email. You are curious about the story.

Child Feedback Meeting

A week later, you, your spouse, and Wang arrive at Dr. Lee's office for the child feedback session. Dr. Lee greets and welcomes all of you. She praises Wang for working so hard during the time they spent together. Then Dr. Lee asks Wang if he remembers the two questions he came up with during their first meeting. Wang says he does. She tells him that she is now ready to answer his questions. Dr. Lee tells Wang that she wrote a story just for him. She explains that she thinks it could help him figure out why he does not do as well at school as he used to and why he doesn't enjoy school as much as before. She tells him that his parents helped with the story, too. Dr. Lee asks Wang to choose who he wants to read the fable out loud. Wang says he wants you to read it.

The story, entitled "Tommy the Turtle", is about a young turtle, Tommy, who used to like school and playing soccer and going to the park with his family. And he really liked the time he spent with his Grandma Turtle, who took care of him since he was a baby turtle. But Grandma Turtle had been sick for a while and had to rest in their turtle pond. She couldn't play fun games with him anymore. But he could still sit at her bed and read to her and draw pictures for her. But then she got really sick and then she died. Tommy wasn't ready for this and didn't know what to do with all his big feelings.

So Tommy hid his feelings in his turtle shell. In fact, he started to hide himself in his turtle shell, tucking in his head so no one could ask him questions or make him do stuff he didn't want to do. Tommy didn't want to go to Turtle school. He got stomachaches at Turtle school and just couldn't focus on his math and reading. Sometimes he had thoughts that if grandma could die, his parents could die too. So he didn't want to be away from home. Tommy's parents, Mama and Papa Turtle, did not understand why he no longer enjoyed school and wasn't doing well. Tommy was upset that his parents did not understand why he felt sad and was scared.

The story continues with Tommy meeting with a wise owl who comes to learn about him and his feelings. He finally felt understood. The wise owl in the story then met with Mama and Papa Turtle and shared what she had learned about Tommy. They seemed to want to understand how he felt and to work together to help him feel better. They worked together as a Turtle family to make a memory book about Grandma Turtle. Tommy really liked the book. And they started going to the park again. And his stomachaches didn't happen as often. And he slowly started to like Turtle school again. And most of all, he knew that he would always miss Grandma, but that his parents were there for him when he felt sad.

After you finish reading the story, Wang says that he really likes the story and that, "The story is about me missing grandma." Dr. Lee asks Wang if there is anything he wants to change in the story. Wang says no and reads the story again to himself.

Dr. Lee thanks each of you for being open to the assessment process. She says how much she appreciated working with each of you. She reminds you that a feedback letter will be mailed to you in two weeks summarizing what you discussed last week. She also invites you to call her if you have any questions. All of you thank Dr. Lee for her help and say goodbye to her.

Appendix B

Vignette (IG model)

Scenario

Wang is a ten-year-old boy who attends fifth grade at Tulip Elementary School. Imagine that he is your son. Recently, Wang's teacher called and asked to meet with you (and your spouse) to discuss concerns she has been having about Wang's performance and behavior at school for the past month.

At the meeting Wang's teacher tells you that he is not concentrating in class as well as he used to. She says he loses his focus frequently and is not able to finish his class work. She also tells you that Wang's grades are declining. He was an A student in the fourth grade, but now he is getting Bs and Cs. She also shares with you that Wang visits the nurse's office almost three times a week, saying he has a headache or upset stomach. She also mentions that Wang does not seem to enjoy recess like he used to. Most of the time, he prefers to read by himself during recess, instead of playing games with the other boys.

The teacher tells you that she wants to help Wang do his best in school and enjoy himself. She hopes you can all work together to help Wang improve in school.

After the teacher meeting, you and your spouse are very concerned about the decline in Wang's academic performance. Together you decide to seek professional help and take him to a psychologist for an assessment.

Check in

The next day, you call a local mental health center in your community to gather more information about obtaining an assessment for Wang. The office administrator explains what the assessment will be like at this center. She tells you that the assessment will be based on your referral concerns. You decide to pursue an assessment and the administrator sets up an appointment for you with Dr. Lee, a specialist in assessment with children and adolescents, for about a week later. She lets you know that she will mail a packet of information to you, including a description of the general procedures of the assessment process and directions to the clinic.

A few days before the appointment, the office administrator calls you to see if you have received the packet of information and to confirm the appointment. She asks if you have any questions about the assessment process. She lets you know that during the initial meeting Dr. Lee will interview you and your spouse to learn more about Wang, and encourages you to bring along supplementary information (e.g., previous evaluation reports, examples of school work, etc.) that would help Dr. Lee better understand your child.

Parent Initial Meeting

A few days after talking to the office administrator over the phone, you and your spouse meet with Dr. Lee for the parent interview. During the interview, Dr. Lee checks in with both of you to see how it was finding the office and how you are doing in general. She inquires about the information that was sent home and invites you to bring up any questions you may have about the process. Then Dr. Lee reviews the procedures for the assessment process. She explains that there will be two testing sessions, lasting approximately three hours each, scheduled a week apart. She also lets you know that during the testing sessions she will be working directly with Wang doing tests and activities. You are informed that you can either stay in the waiting room at the center, or do errands and pick Wang up when it is time. Dr. Lee again invites you and your spouse to raise any questions you might have.

Dr. Lee then asks both of you to begin to tell her about Wang and your concerns for him. You tell Dr. Lee that Wang did well in the fourth grade, but has been struggling with schoolwork since the beginning of the fifth grade. You tell her what his teacher shared with you about his difficulty focusing at school and completing his assignments in class. Your spouse mentions that one or the other of you has had to spend almost two hours every evening sitting with Wang to make sure he completes his homework. You add that Wang used to be an A student and enjoyed school, but his grades have declined this year. Dr. Lee asks more questions about Wang and your concerns for him. You let her know that academics are very important for your family. You and your spouse did not have any school problems and don't understand why school has suddenly become a challenge for Wang.

Dr. Lee is focused on the change in Wang's school performance. She asks if there have been any recent changes or stressors in the family. Your spouse tells Dr. Lee that since the spring of the fourth grade, Wang has been attending an after-school program, which was a change for him. You explain that this year, Wang has continued to go to the after-school program until you can pick him up after work. Your spouse says that for most of last year Wang used to go home right after school, where his grandmother took care of him. Dr. Lee asks about his grandmother. You share with her that Wang's grandmother was in and out of the hospital for many months and died in the late summer from complications related to a chronic illness. You tell her that your mother had lived with the family for a long time, since her husband passed away, and that she had taken care of Wang since he was born. Dr. Lee asks about her passing. You tell her that her death was sad, but not totally unexpected.

After learning about your major concerns, Dr. Lee asks about Wang's early history, including the pregnancy and delivery. You describe the pregnancy as typical, saying that Wang was born at 39 weeks after an uncomplicated delivery. You also mention that Wang was a happy baby who was easy to soothe and loved being read to. Dr. Lee then

asks you about Wang's developmental history and medical history. You note that Wang started walking at 13 months and talking at 22 months. Your spouse recalls that Wang became clingier when he was around two, but noted that it was probably because he had a few ear infections during that time. Dr. Lee then asks about Wang's medical history. You tell her that other than seasonal flu and allergies, Wang has generally been very healthy.

Dr. Lee proceeds to ask you if there is any significant family history of learning problems and mental illnesses. You tell her that you cannot recall any of your family members having significant problems. Your spouse adds that one of Wang's cousins might have some attention issues, but does not have a formal diagnosis. Dr. Lee then asks you when Wang began school. You let her know that Wang started preschool at age 4 and kindergarten at 5. You go on, saying that Wang used to enjoy going to school and spending time with his friends. Your spouse explains that it was not until last year that Wang could not keep up his grades. Dr. Lee then asks you to tell her what your family is like. You describe your family as basically doing well, with typical ups and downs. Your spouse adds that you all like to go hiking and ride bikes on weekends.

Before the end of the session, Dr. Lee explains that at the next meeting she will first meet with Wang to do a brief child interview, followed by the first testing session. Dr. Lee goes on to tell you that the testing will include a variety of activities, ranging from solving puzzles, reading comprehension and math problems, to tasks that learn about Wang's thoughts and feelings. She also reminds you and your spouse to pack some snacks for Wang on the testing days.

Before you leave, Dr. Lee asks you if you have any questions. She also gives you two copies of a long checklist about children's learning and behavior. She asks you and your spouse to complete them separately and return them at the next meeting. Your spouse lets her know that he/she will be on a business trip for the next two weeks and will not be able to attend the testing sessions. Dr. Lee says she understands and invites your spouse to the feedback meetings.

Child Initial Meeting

A week later, you and Wang arrive at Dr. Lee's office for the appointment. Dr. Lee greets both of you, and introduces herself to Wang. She asks Wang how he is doing and walks both of you to her office. She reviews with both of you that she will meet with Wang today for about three hours to do some tests and then he will come back a second time for about two hours for more testing. She adds that at the feedback meeting she will explain what she found out about Wang. After Wang is settled, you start to leave Dr. Lee's office. Wang asks you where will you be while he is doing testing. You reassure Wang that you will be reading a book in the waiting room. You give Wang a pat on his shoulder and walk out of the office.

Testing Sessions

After talking with Wang in her office, Dr. Lee walks him to the testing room right next door. About an hour and half later, Wang comes out to the waiting room to say hi. He tells you they are taking a break He tells you he is trying his best, but some of the questions are hard. He sits with you for a few minutes and then Dr. Lee comes out to get him. She lets you know that they will be finished in a little more than an hour. They walk back into the testing room. About an hour later they both come out to the waiting room to meet you. Dr. Lee lets you know that Wang worked hard and might even be a little tired, because they did a lot of activities together. She says that she will see you next week. She reminds you of the time for the next testing session.

You and Wang return the following week for the second testing session. Dr. Lee lets you and Wang know that today they are going to do some other types of activities. You stay in the waiting room while Dr. Lee and Wang go into the testing room. At the end of the session, Dr. Lee checks in with you while Wang finishes his snack in the testing room. She lets you know that he worked hard and finished all the testing. Wang then joins you and Dr. Lee tells you and Wang that she has appreciated working with him and will share what she has learned next time you meet. Before you and Wang leave, you schedule a time with the office administrator for the feedback meeting.

Parent Feedback Meeting

You, your spouse, and Wang return the next week for the parent and child feedback session. Dr. Lee greets all of you and introduces Wang to the playroom. She invites Wang to spend time in the playroom with one of her assistants while she meets with you and your spouse.

After you settle in, Dr. Lee checks in about your week. You both let her know it has been fine and your spouse says it is good to be back home. Dr. Lee then starts telling you the results from the assessment. She lets you know that she will send you a report in a few weeks that details all that you will discuss today. Dr. Lee first explains how the testing was scored and asks if you and your spouse are familiar with the concept of percentiles. She then explains that a percentile helps to indicate how well your child performed on a test compared with other kids his age. For instance, if your child is at the 50th percentile on a test it means that he did better than 50% of other 10-year-olds.

Dr. Lee asks if you have any questions; then she starts to give you the testing feedback by explaining Wang's cognitive functioning. Dr. Lee says that Wang is a smart boy who has very good verbal and nonverbal reasoning skills. She continues by saying that Wang's overall cognitive ability is in the high average range. His performance on verbal reasoning is in the 80th percentile and his performance on nonverbal reasoning is in the 95th percentile. Dr. Lee also lets you know that Wang's processing speed and working memory are in the average range, with both in the 75th percentile. She continues explaining that the results indicate that Wang has a well developed ability to quickly scan, discriminate between visual information, and hold information in mind for the purposes of completing a task She then tells you about Wang's academic performance. She says that his reading and math are above his grade level. She continues by telling you that Wang is very good at reading comprehension.

Your spouse says s/he is puzzled about what actually goes wrong with Wang in class and with homework if he does not have any learning problems. Dr. Lee shows you the picture Wang drew of your family in the second testing session. You see that Wang drew a picture of his parents, grandmother, and himself going to the park together. Dr. Lee tells you that Wang mentioned that everyone in the drawing was happy about going to the park and was having so much fun. Dr. Lee also tells you that Wang added that this picture happened before his grandmother got sick. She tells you that Wang also said that he did not want to go to the park anymore. Next, Dr. Lee reads some sentences that Wang completed in the testing session. Wang completed the sentence "I wish…" with "*my grandma was still here*". Wang also completed these sentences: "When I cannot concentrate at school… *I daydream and miss my mom and dad*.", "School is…*not as fun as in the fourth grade*", "I feel… *lonely*", "I wish my parents… *would never leave me, like grandma did*".

Dr. Lee goes on to explain the impact that the loss of grandma had on Wang. Dr. Lee says that grandma and Wang had a very close relationship, and it is normal for children to feel very sad about losing a primary caregiver. However, she continues, it seems that Wang's sadness is too much for him right now. It has upset him to the point that he is now scared of losing his parents too. Dr. Lee goes on to say that Wang's anxiety is likely causing his physical symptoms, like his stomachaches, and is really contributing to his loss of focus at school and when completing homework.

Dr. Lee notices that it must be really difficult for you to hear these test results. She sits with you for a while and tells you that it is not uncommon for a child to be scared of losing more people in their life after they have lost someone very important to them—like their grandmother. You and your spouse are quiet for a while. You then tell Dr. Lee that it is upsetting not to have been aware of Wang's sadness earlier. And you tell her that it is emotional for you to hear how much Wang is struggling. Though it's upsetting, you tell her that you feel some relief because you are starting to understand what Wang is going through.

Dr. Lee then goes on to talk about some recommendations. She suggests that the two of you work with Wang on his feelings about the loss of his grandma. She further describes some activities you all can do as a family to help with the emotional aspect of the loss. For example, she says that you can write a journal of your memories about the happy moments you all shared with grandma, or make a box of your memories. Dr. Lee also suggests that you consider beginning family therapy with a therapist who specializes in loss and grief, so that you all can work together as a family. Dr. Lee seems to understand that you have a lot to take in and that it will take awhile to digest it all. She sits with both of you for a bit longer before letting you know that she would like to invite Wang to join now for the child portion of the feedback meeting. She also tells you what her goals are with Wang. She tells you that Wang will learn more about his cognitive ability and his sadness over grandma's death. Dr. Lee asks if you have any questions before Wang joins you all. You do not, so she goes to get Wang from the playroom.

Child Feedback Meeting

Dr. Lee returns with Wang. She welcomes all of you to this part of the meeting. She also praises Wang for working so hard during the time they spent together. Dr. Lee asks what Wang thought about the testing. He tells Dr. Lee that it was ok, but he knows he did not answer all the questions correctly. Dr. Lee reassures Wang that he did well. She then shows Wang a copy of a normal curve and explains to him the concept of percentile. She explains that percentile helps to show how well child performed on a test compared with other kids his age. For instance, if he is at the 50th percentile on a test, it means that he performed better than 50% of other 10-year-olds.

Dr. Lee then tells Wang that his ability to use language to solve problems is better than 80% of peers his age, and his ability to use visual-spatial skills to solve problems is better than 95% of peers his age. She continues by telling Wang that he is very smart and is also doing well in reading and math. Wang asks why he's having such a hard time at school if he is so smart. Dr. Lee explains that his school problems do not seem to be related to his abilities, but to his sadness over losing his grandma. Dr. Lee asks if he remembers the picture that he drew about his family.

She continues to explain to Wang that it is common for children to be sad about the death of someone they love, especially since he lost someone who had been taking care of him a lot of the time. She tells you and Wang that there are some storybooks that talk about losing a loved one. She says she thinks that they could help Wang understand his feelings associated with losing his grandma. Dr. Lee also describes some activities that Wang, you and your spouse could do together as a family to work on the big feelings about losing his grandma. She suggests that you could make a memory book about grandma. She asks Wang if he has any questions about the things she has said. He can't think of any questions.

Before you leave, Dr. Lee reminds you that a report will be mailed to you in two weeks summarizing what you discussed in the feedback meeting. She also invites you to call her if you think of any questions later. Together, you all thank Dr. Lee for her help and say goodbye to her.

Appendix C

The Parent Experience of Assessment Survey (PEAS)

Please complete the following survey on **how you, as Wang's parent, feel about the assessment <u>at this point / now that you have gone through the whole process</u>**. Please circle the number that is your response.

		Strongly Disagree 1	Disagree 2	Neutral 3	Agree 4	Strongly Agree 5
1.	The assessor seems genuinely interested in helping us.	1	2	3	4	5
2.	I am getting lots of new ideas about how to parent my child.	1	2	3	4	5
3.	My child seems to feel comfortable with the assessor.	1	2	3	4	5
4.	My child's problems are partly caused by other struggles in our family.	1	2	3	4	5
5.	I feel the assessor respects me.	1	2	3	4	5
6.	My child doesn't seem to be warming up to the assessor.	1	2	3	4	5
7.	I am being informed about each step of the assessment.	1	2	3	4	5
8.	Many of my child's difficulties have to do with our family.	1	2	3	4	5
9.	I am learning a tremendous amount about my child from this assessment.	1	2	3	4	5
10.	The assessment is making me feel ashamed.	1	2	3	4	5
11.	I like the assessor.	1	2	3	4	5
12.	The assessment is revealing how family members play a role in my child's problems.	1	2	3	4	5
13.	I trust the assessor.	1	2	3	4	5
14.	I am feeling blamed for my child's problems.	1	2	3	4	5
15.	I am starting to communicate better with my child.	1	2	3	4	5
16.	I am starting to see how our family's problem affects my child.	1	2	3	4	5
17.	My child and the assessor really connect well.	1	2	3	4	5
18	The assessment is making me feel like a bad parent.	1	2	3	4	5

19.	I am starting to know what to expect from my child.	1	2	3	4	5
20.	I feel judged by the assessor.	1	2	3	4	5
21.	I feel that my opinion is valued.	1	2	3	4	5
22.	My child does not like the assessor.	1	2	3	4	5
23.	The assessor is really listening to me.	1	2	3	4	5
24.	I am starting to understand my child so much better.	1	2	3	4	5

The five constructs of the PEAS and the corresponding items are listed as following:

Constructs	Corresponding items
New Understanding of Child	2, 9, 15, 19, 24
Parent-Assessor Relationship and Collaboration	1, 5, 7, 11, 13, 21, 23
Child & Assessor Relationship	3, 6, 17, 22
Systematic Awareness	4, 8, 12, 16
Negative Feelings	10, 14, 18, 20

Appendix D

My feelings

Please complete the survey on **how you, as Wang's parent, feel about Wang's challenges and future <u>at this point / now, after going through the whole assessment process</u>,** using the 5-point scale provided. Please circle the number that is your response.

As I think about <u>my child's challenges and future</u> I feel….					
	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1. patient	1	2	3	4	5
2. scared	1	2	3	4	5
3. sympathetic	1	2	3	4	5
4. frustrated	1	2	3	4	5
5. compassionate	1	2	3	4	5
6. like I want to give up	1	2	3	4	5
7. encouraged	1	2	3	4	5
8. overwhelmed	1	2	3	4	5
9. at my wits end	1	2	3	4	5
10. determined	1	2	3	4	5
11. stuck	1	2	3	4	5
12. hopeful	1	2	3	4	5
13. anxious	1	2	3	4	5
14. positive	1	2	3	4	5
15. tired	1	2	3	4	5
16. that I have support	1	2	3	4	5
17. alone	1	2	3	4	5
18 pretty good	1	2	3	4	5

The two constructs of My Feelings and it corresponding items:

Constructs	Corresponding items
Positive feelings	1, 3, 5, 7, 10, 12, 14, 16, 18
Negative feelings	2, 4, 6, 8, 9, 11, 13, 15, 17

Appendix E

The European American Values Scale for Asian Americans – Revised (EAVS-AA-R)

Please use the scale below to **indicate the extent to which you agree with the value expressed** in each statement. Please circle the number that is your response.

		Strongly Disagree	Disagree	Agree	Strongly Agree
1.	I think it is fine for an unmarried woman to have a child.	1	2	3	4
2.	Sometimes, it is necessary for the government to stifle individual development.	1	2	3	4
3.	You can do anything you put your mind to.	1	2	3	4
4.	Single women should not have children and raise them alone.	1	2	3	4
5.	I prefer not to take on responsibility unless I must.	1	2	3	4
6.	I do not like to serve as a model to others.	1	2	3	4
7.	It is OK if work interferes with the rest of my life.	1	2	3	4
8.	It is OK to allow other to restrict one's sexual freedom.	1	2	3	4
9.	No one is entitled to complete sexual freedom without restriction.	1	2	3	4
10.	A woman should not have a child unless she is in a long-term relationship.	1	2	3	4
11.	I follow my supervisor's instructions even when I do not agree with them.	1	2	3	4
12.	The world would be a better place if each individual could maximize his or her development.	1	2	3	4
13.	Partners do not need to have similar values in order to have a successful marriage.	1	2	3	4
14.	I cannot approve of abortion just because the mother's health is at risk.	1	2	3	4
15.	It is OK for a woman to have a child without being in a permanent relationship.	1	2	3	4
16.	Friends are very important.	1	2	3	4

17.	Faithfulness is very important for a successful marriage.	1	2	3	4
18.	Monetary compensation is not very important for a job.	1	2	3	4
19.	A student does not always need to follow a teacher's instructions.	1	2	3	4
20.	Luck determines the course of one's life.	1	2	3	4
21.	Cheating on one's spouse doesn't make a marriage unsuccessful.	1	2	3	4
22.	Greater emphasis on individual development is not a good thing.	1	2	3	4
23.	I have always enjoyed serving as a model to others.	1	2	3	4
24.	Being humble is better than expressing feelings of pride.	1	2	3	4
25.	Faithfulness is not important for a successful marriage.	1	2	3	4

Appendix F

Asian American Values Scale – Multidimensional (AAVS-M)

Please use the scale below to **indicate the extent to which you agree with the value expressed** in each statement.

1 = Strongly Disagree
2 = Moderately Disagree
3 = Mildly Disagree
4 = Neither Agree or Disagree
5 = Mildly Agree
6 = Moderately Agree
7 = Strongly Agree

_____1. One should recognize and adhere to the social expectations, norms and practices.

_____2. The welfare of the group should be put before that of the individual.

_____3. It is better to show emotions than to suffer quietly.

_____4. One should go as far as one can academically and professionally on behalf of one's family.

_____5. One should be able to boast about one's achievement.

_____6. One's personal needs should be second to the needs of the group.

_____7. One should not express strong emotions.

_____8. One's academic and occupational reputation reflects the family's reputation.

_____9. One should be able to draw attention to one's accomplishments.

_____10. The needs of the community should supersede those of the individual.

_____11. One should adhere to the values, beliefs and behaviors that one's society considers normal and acceptable.

_____12. Succeeding occupationally is an important way of making one's family proud.

_____13. Academic achievement should be highly valued among family members.

_____14. The group should be less important than the individual.

_____15. One's emotional needs are less important than fulfilling one's responsibilities.

_____16. Receiving awards for excellence need not reflect well on one's family.

_____17. One should achieve academically since it reflects on one's family.

_____18. One’s educational success is a sign of personal and familial character.

_____19. One should not sing one's own praises.

_____20. One should not act based on emotions.

_____21. One should work hard so that one won’t be a disappointment to one’s family.

_____22. Making achievements is an important way to show one’s appreciation for one’s family.

_____23. One's efforts should be directed toward maintaining the well-being of the group first and the individual second.

_____24. It is better to hold one’s emotions inside than to burden others by expressing them.

_____25. One need not blend in with society.

_____26. Being boastful should not be a sign of one's weakness and insecurity.

_____27. Conforming to norms provides order in the community.

_____28. Conforming to norms provides one with identity.

_____29. It is more important to behave appropriately than to act on what one is feeling.

_____30. One should not openly talk about one’s accomplishments.

_____31. Failing academically brings shame to one’s family.

_____32. One should be expressive with one's feelings.

_____33. Children's achievements need not bring honor to their parents.

_____34. One need not sacrifice oneself for the benefit of the group.

_____35. Openly expressing one's emotions is a sign of strength.

_____36. One’s achievement and status reflect on the whole family.

_____37. One need not always consider the needs of the group first.

_____38. It is one’s duty to bring praise through achievement to one’s family.

_____39. One should not do something that is outside of the norm.

_____40. Getting into a good school reflects well on one’s family.

_____41. One should be able to brag about one’s achievements.

_____42. Conforming to norms is the safest path to travel.

Appendix G

Demographic Information Form

Age :_____ **Gender** :_____

Race: Please circle all that apply: Chinese, White, Black/African American, American Indian/Alaskan Native, Native Hawaiian, Other Asian, Other Pacific Islander

Length of residence in the United States: _____

Were you born in the United States? YES NO
If no, where were you born? _____

Was your mother born in the United States? YES NO
If no, where was your mother born? _____

Was your father born in the United States? YES NO
If no, where was your father born? _____

Martial Status: Please circle one: single, married, divorced, widowed

Do you have any child/children? YES NO
If yes, please indicate age and gender of your child/children:
_____

Highest Level of education: Please circle one: grade school, some HS, graduated HS, some college, BS/BA, some grad school, MS/MA, JD, PhD, MD, other
If other, explain:_____

Are you a native English speaker? YES NO

Are you fluent in any language(s) other than English (e.g. Chinese dialect(s) - Mandarin, Cantonese, Taiwanese, Shanghainese, Hokkien, Hakka etc.)? YES NO
If yes, which one(s)? _____

Which of the above language(s) do you consider as your mother language (the first language(s) that you learned as a child at home)?

_____

Do you have any prior experience with psychological assessment? YES NO

If yes, please describe. _____

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